

CHEMIST & DRUGGIST

The newswweekly for pharmacy

December 10, 1994

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more script
categories**

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cause problems
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moves up front**

**Cash handling
& VAT guide**

**Time to talk,
OHE hears**

**Unichem
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**AAH shares
slide after
profits fall**

WHO WILL BE THE NEXT BIG WINNER WITH ZOVIRAX COLD SORE CREAM?

Pharmacist Claire Conroy of Powells Pharmacy, Smallfield, Surrey receives the good news from Warner Wellcome's Stephen Fortune.



Pharmacist BW McElhinney of the A B Makepeace Pharmacy in Locksbottom, Kent is congratulated by Warner Wellcome's Tony Hastings.

Mrs N Band, Pharmacist at Hawes Whiston in Bath enjoys that winning feeling with Warner Wellcome representative Jon Mansbridge



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Comment

In a week when the Committee on Safety of Medicines has passed another nine products as safe to make the POM to P switch, it is an unfortunate juxtaposition to see the Consumers' Association in its *Which? Way to Health* December edition again choosing to question the validity of P medicine sales.

Nonetheless, it is regrettable that a few pharmacists from a tiny *agent provocateur* sample have again been found wanting. While it is easy to condemn the methodology and to question the motive, it is essential that the high standards of public care evident in pharmacy are delivered universally. After all, says former Society president David Coleman in his recent speech to City & East London Local Pharmaceutical Committee, it makes it more and more difficult for the profession to argue for POM to P switches and to defend P status at all "if we provide no more service than a supermarket checkout". Especially poignant words given that the profession is less than one month away from the introduction of the Society's protocols on medicine sales.

Given pharmacy's overall high standard of community service, it is irresponsible of the CA's assistant director (p944) to contemplate transfer of all medicine sales away

from pharmacists and trained staff to the unfettered, wide open spaces of garages, tobacconists and supermarket checkouts.

Which? Way to Health also chose to question, in effect, the bona fides of two recent POM to P medicines, Tagamet 100 and Pepcid AC, through the eyes of a lone pharmacologist. His report was reviewed, but by a tiny panel. All are anonymous. To question the efficacy and safety profiles when they have just been through the exacting Medicines Control Agency licensing process is audacious; what is worse is to raise doubts about the effectiveness of the OTC product in the public mind, and by implication, doubts about the POM medicines of the same name still available on prescription.

Fortunately, the skills that pharmacists can bring to prescription and OTC medicine delivery are unmatched. In Glasgow, pharmacist Clare Mackie (p940) shows what can be done to add extra care value to that process — with patient medication record-taking brought to the counter. As we said when announcing the results of our recent Glaxo-sponsored Practice to People Awards, such pharmacies are but the tip of the iceberg. Let the profession ensure that its doubters founder upon it.

More medicines for nurses

The Nurse Prescribing Formulary will be extended to include a further 11 prescription only items from January, 1995.

The NHS Executive is not yet able to disclose what these items will be. The Royal College of Nursing's community health adviser, Lynn Young, told *C&D* this week that, although she did not know what was on the list, there were some prescription only wound dressings and analgesics that nurses would like to see added. At present, most

items in the formulary could be bought over the counter from pharmacies.

"Another issue — which is a greater problem — is that nurses cannot obtain in the community some of the dressings that patients can get in hospital, because these are not included in the Drug Tariff," she added.

Baroness Cumberlege, parliamentary secretary at the Department of Health, said last week that nurse prescribing had "got off to precisely the sort of

start which was hoped for".

She explained: "This is a completely new venture and we want a cautious start. Our evidence, and we are monitoring progress very carefully, is that nurses are being extremely responsible and taking things steadily as we asked."

In the first three to four weeks, over 320 prescriptions had been issued by nurse prescribers, which was about the number expected by the Royal College of Nursing.

Wiltshire's dispensing doctor battle rages on

The fight against dispensing doctors in Wiltshire continues with an appeal against the family health services authority's refusal to grant a pharmacy application in Shrewton (see *C&D* October 22, p646).

The application was rejected on the grounds of prejudice to the two medical practices in the village.

Both application and appeal have been submitted by Sultan Dajani, pharmacy manager of Edwards Pharmacy in nearby Durrington. This pharmacy has been subject to strong opposition from local doctors following the loss of their dispensing contracts. However, the doctors have allowed Boots in Salisbury, 12 miles away, to offer a collection and delivery service to their patients, bypassing the Edwards Pharmacy.

Opposition to Mr Dajani is equally fierce in Shrewton. He fears that, if his appeal is successful, Boots may be invited to extend this service to Shrewton.

The Durrington matter has been referred to the Royal Pharmaceutical Society's Statutory Committee. "I hope the Society comes to its senses and holds an enquiry," says Mr Dajani.

the side-effects are well known.

Firm of solicitors Evill & Coleman is co-ordinating 200 cases where clients have alleged misdiagnosis, misprescribing, inadequate monitoring or failure to warn of the side-effects. The first case should come to trial some time during next summer, says Evill & Coleman's Jacqueline Hayat.

Humberside pharmacists benefit from 'loophole'

Two Humberside pharmacists have benefited from the Clothier 'loophole' and obtained contracts in villages with dispensing doctor practices.

The 'loophole' allows pharmacists already on a family health services authority's list to apply to open a pharmacy within the area, bypassing the doctors' right to appeal over whether the proposed pharmacy prejudices medical services.

The applicants' success means two pharmacies can now open in the villages of Thorn-Gumbold and Kayingham. The two dispensing doctor practices have no right of appeal and the FHSA has decreed a 12-month period.

However, similar situations have also arisen in Messingham,

Broughton and Holme-on-Spalding-Moor. The doctors in the Holme-on-Spalding-Moor practice have vigorously opposed all three applications and were recently unsuccessful in applying for a judicial review of the regulations. The matter has since been taken to the Court of Appeal.

In the interim, the doctors have requested Humberside FHSA to postpone making a decision on the cases. Jill Copeland, Humberside FHSA's pharmaceutical services officer, says the cases will be discussed on December 22, unless the Court of Appeal decides to proceed with a judicial review.

• Humberside LPC is to meet with local Conservative MP James Cran this Sunday.

DoH tells GPs to talk with patients

The Department of Health is advising GPs to discuss treatment side-effects with patients, following the BBC's 'Here & Now' television documentary on the side-effects associated with corticosteroid treatment.

According to chief medical officer Dr Kenneth Calman, "The side-effects of corticosteroids are well known and can be minimised by using the smallest dose for the least possible time in order to provide the necessary treatment."

But Dr Calman adds, "In some circumstances, [corticosteroid use] can be life saving ... and the overall benefits of these medicines to patients undoubtedly outweigh their side-effects. Doctors are in the best position to advise individual patients on the most appropriate treatment."

Steroid Abuse Support Group founder Janice Fairbridge says that lack of warning has been her main complaint and that, since the programme was aired, "manufacturers have not wanted to know".

A spokesman for Glaxo, manufacturer of Prednesol, says

Pharmacist prescribing controversy

Doctors have objected to suggestions that prescribing responsibility will be in the hands of pharmacists by the end of the century.

The idea comes from a new book from the British Medical Association, 'Controversies in Healthcare Policies: Challenges to Practice', in which it is suggested that GPs will diagnose and decide therapeutic strategies, while pharmacists choose the drugs.

But last week's *Pulse* quoted George Rae, a GP in Whitley Bay and a member of the General Medical Services Committee's prescribing subcommittee, as saying pharmacist prescribing was an "absolute non-starter".

David Yare, a practice manager in Newcastle upon Tyne, the first group practice to employ a pharmacist to advise on rational prescribing, was quoted as saying pharmacists could play an important role, but doctors should have the final say on which drugs were prescribed.

Analgesic poisoning deaths on the increase

During the last decade, fatal poisonings by analgesics, antipyretics and antirheumatics have become more frequent than death by any other form of drug.

Between 1983 and 1992, there was a 18.7 per cent increase in deaths resulting from these forms of poisonings, bringing the number of recorded deaths to 875.

This contrasts with deaths resulting from poisoning by drugs, medicaments and biological substances, which have fallen 2.4 per cent since 1983 in England and Wales to 1,971 in 1992.

Deaths from unspecified drugs and medicaments rose 7.5 per cent to 312.

The results come in a written answer by the under secretary of state for health, Tom Sackville, to Paul Flynn, Labour MP for Newport West, just one week after the Medicines Control Agency vowed to keep further restriction of paracetamol sales on its agenda (*C&D* December 3, p888).

International Classification of Diseases data, covering accidental, suicide and self-inflicted injury, and injury undetermined whether accidentally or purposely inflicted, have been used in the analysis.



Hughie Todner MBE, president of the 1994 Co-operative Congress and chairman of National Co-operative Chemists (NCC), and chief executive officer/superintendent chemist Roy Carrington received a royal visit recently when the Queen and the Duke of Edinburgh visited an exhibition celebrating 150 years of the Co-operative movement. Also present at the occasion was NCC secretary/accountant Robert Whybourn. Mr Todner, his wife and the Queen are pictured here chatting to a staff member

Health promotion work promised for Essex

Essex pharmacies are to work closer with their social services department and will see more health promotion work in the new financial year.

The promises come in Essex FHSAs' annual report for 1993-94, a year in which it published its 'Strategy for the Provision of Pharmaceutical Services in Essex'.

The document notes the success of joint FHSAs/social services projects and promises that 1995-96 should see community care delivered in a "unified, integrated and imaginative way".

The county's 285 pharmacies will also see the development of areas including the treatment of minor ailments, patient referrals, screening and diagnostic tests, and prescribing advice to GPs.

Health promotion is also an area ripe for development, and sexual and mental health are topics likely to feature strongly in pharmacy, in meeting the Health of the Nation targets.

To help pharmacists prepare for the new duties, training

courses have been organised and strategy facilitators employed. In total, an estimated £40,000 has been allocated in support.

Commenting on the news, Essex LPC secretary John Stanley says: "Pharmacists are in the situation where they need to give much more consideration to future opportunities and there's great opportunity to develop services beyond the core services of dispensing. But it worries me that there doesn't appear to be the funding available for these developmental areas."

The inevitable conclusion is that an uneven playing field may develop but, says Mr Stanley, "I

would hope there would be sufficient diversity of opportunity to allow some 'add-ons' for everybody if they want to."

Expenditure on Essex family health services totalled £278 million in 1993-94, a 13.5 per cent increase on 1992-93.

During 1993-94, pharmaceutical expenditure increased 8.1 per cent to £103.9m, although prescribing costs are below the national average, says Graham Butland, chief executive of Essex family health.

The average cost per patient for pharmaceutical services was £65.29, a 7.6 per cent rise on 1991-92.

PGEU to push for ban

The renamed Pharmaceutical Group of the European Union will continue to lobby for the introduction of an article in the distance selling directive to impose a European-wide ban on the practice of marketing medicines by mail order.

Speaking at the November meeting of the PGEU, the secretary general told delegates to write again to their MEPs, urging them to support an amendment to this directive. This motion was specifically supported by the UK delegation.

• Improved use must be made of contacts in Brussels, outgoing president Joao Silveira also noted.



Programmed prescribing for GPs

A former hospital pharmacist is helping a GP develop a computer database to aid prescribing.

The pharmacist, Colin Duncanton, is working full-time for Kingston, Surrey, GP Roger Weeks, compiling the DIN Panacea database, which gives information on drug indications, interactions, contra-indications, therapeutic choices and patient messages. They have approached 25 suppliers of GP computer systems with a view to marketing the program nationwide.

Mr Duncanton told *C&D* the program was an extension of GPs'

existing information sources, such as MIMS. He did not think it would usurp the pharmacist's role as there would always be a need for the "human element".

Dr Weeks previously worked with James Read, director of the NHS Centre for Coding and Classification, who developed Read codes for classifying clinical information. Mr Duncanton was formerly principal pharmacist at Kingston Hospital.

• The NHS is creating an electronic network, which is one of the largest of its kind in the world, said chief medical officer

Dr Kenneth Calman last week. It will link all areas of NHS healthcare and enable doctors to share information between themselves and link into prescribing systems.

A spokesman told *C&D* that the system would be a central network open to all NHS organisations, including the Prescription Pricing Authority. It will enable GPs to connect with FHSAs and laboratory services, and allow transmission of urgent information such as drug alerts. Protocols are being established to ensure security.

sold without any questioning.

However, nine of 20 pharmacies rightly refused to sell Tagamet 100, notes the report.

Commenting on the results, *Which? Way to Health* editor David Dickinson says: "Too many pharmacies were cutting corners on the sale of these drugs and may be putting their customers at risk. Some did well, but there's

clearly scope for tightening up on checks at the till."

In response, Royal Pharmaceutical Society head of practice Roger Odd notes that the findings show "quite clearly that pharmacists are beginning to ask questions". Because of the report, "it will become more apparent [to consumers] that pharmacists will ask questions before medicines

are sold to them. It very definitely shows progress", he says.

• *Which? Way to Health* also concludes that the hangover remedies surveyed — Alka-Seltzer, Beecham Resolve and Superdrug paracetamol seltzer — are no more effective and more expensive than two paracetamol and lots of water. Antacids will also work, it says.

Which? team returns to High Street

Which? Way to Health has again exposed pharmacy as providing inadequate medicine sales advice in its latest survey of Tagamet 100 and Pepcid AC sales.

The December issue of the magazine notes that: "Tagamet and Pepcid came off prescription on the basis that pharmacists would supervise their sale. Before you're sold either, you should be asked about symptoms and other drugs you are taking."

Four magazine researchers aged over 50 were sent into 40 pharmacies, half asking for Pepcid AC by name, the other half asking for Tagamet 100.

If asked, the *Which?* researchers were instructed to say they'd had indigestion for the first time and were taking Phyllocontin.

The results revealed that only: • eight of the 40 pharmacies involved referred enquirers to their GP

• four pharmacists or staff asked if the symptoms had appeared before

• ten pharmacists sold Tagamet 100 without asking about other medicines. One also sold the drug knowing that the researcher was taking Phyllocontin

• one assistant sold Tagamet in the absence of the pharmacist • in over one-third of cases, Pepcid AC and Tagamet 100 were

Four-year undergraduate course by 1996?

The Government is progressing towards the introduction of a four-year undergraduate pharmacy course in England, Wales and Northern Ireland, with 1996 mooted as a possible starting date, the Royal Pharmaceutical Society has confirmed.

The initiative aims to bring these countries into line with the Scottish four-year course, which will not be extended, and an EC directive on pharmaceutical education.

According to Rob Dewdney, Royal Pharmaceutical Society head of education, funding and details of implementation are being discussed. It is unlikely that extra funding will be found though and solutions being

mooted include cuts in the yearly intake in order to redistribute funds. The overall number of undergraduates accepted to schools of pharmacy will remain the same. But, says Mr Dewdney, "we don't want a Pyrrhic victory. We want a course that is adequately resourced and worthy of support".

The decision has been made partly because of the need to teach a wider range of topics and partly because pharmacy lecturers are finding it necessary to do remedial teaching in the first year to bring all students to the same degree level, he says.

While the British Pharmaceutical Students Association welcomes the decision, there are

fears that the extension will place lecturers under even greater pressure and lead to a possible decline in teaching standards. A new BPSA survey of 115 school of pharmacy lecturers reveals that 64 per cent have experienced an increase in student numbers. Three-quarters perceive an increase in teaching load and, of these, 59 per cent do not feel they have sufficient time to keep the course abreast of pharmaceutical developments.

Notes Chris Poole, BPSA president: "If lecturers currently feel there is insufficient time to keep abreast of current developments... This may be the straw that breaks the camel's back."

PSNI Statutory Committee

Pharmacist struck off for sales misconduct

A pharmacist who was forced out of his premises in West Belfast at the height of the 'Troubles' has been struck off by the Statutory Committee of the Pharmaceutical Society of Northern Ireland, after admitting selling "excessive quantities" of a mixture containing morphine.

Alexander McBride, of Ballynahinch, Co Down, did not attend the hearing, but the Committee was told that he had now sold the pharmacy on the Woodstock Road, Belfast, where he traded as E J Crawford.

Peter Sefton, representing the Society, said the offences came to light last April and May when pharmacy inspector Michael Mawhinney saw a man leaving the premises several times with large quantities of J Collis

Browne's mixture, a pharmacy medicine.

Between October 1993 and May 1994, Mr McBride was said to purchase 1,278 100ml bottles of J Collis Browne's mixture, his purchases during a six-month period representing 49 per cent of the total volume supplied to pharmacists in Northern Ireland.

Mr Sefton said Mr McBride eventually gave documentation relating to a number of invoices, but 39 were not supplied. He was unable to account for where large volumes of this product went.

Peter Murphy, representing Mr McBride, said he had been a pharmacist since 1953 but was "driven" out of business by a number of "financially bruising experiences".

Mr Murphy said the sale of the

mixture was not an exercise in profiteering and Mr McBride had notified the Society of his intention to resign from the date of his letter.

In relation to the invoices, Mr McBride had attempted to learn a new computer system of keeping records, but had abandoned it. Said Mr Murphy: "In his declining years he made mistakes, but I would maintain these are not misconduct."

Committee chairman Tim Ferris QC said the failure to keep and produce records was a serious matter and the sale of the mixture was "clearly excessive".

He said Mr McBride had exploited his position, adding: "We would be failing if we took any step less than striking his name from the Register."

Tariff change

From December 1, the Department of Health is classifying as special containers Astra's Pulmicort Respules sub pack of five and Cambridge Laboratories' vitamin E suspension 100ml. In addition, iodine paint compound BPC 1968 is classed as category D.

POM to P order

Legislation clearing the way for the latest batch of POM-P switches is to come into force on December 30. However, hydrocortisone creams do not appear in the listings.

Nicotinic acid remains a POM for the treatment of hyperlipidaemia and in daily doses above 600mg. For full details, see C&D July 16, p77, or S13016 The Medicines (products other than veterinary drugs) (prescription only) Amendment (no 2) Order 1994, available from HMSO, price £1.10.

Pharmacy fees up

Fees payable to the Royal Pharmaceutical Society will go up on January 1. The fee for registration of premises increases from £119-£121 (from £63-£64 in Northern Ireland). The premises retention fee will rise from £77-£78 (£58-£59 in NI). The penalty fee for restoration of premises which have been struck off for non-payment will rise from £246-£250 (from £181-£184 in NI). Changes are made in the Medicines (Pharmacies) (Applications for Registration and Fees) Amendment Regulations 1994 (SI No 2936; HMSO, £0.65).

PPD shortages

Scotland's Pharmacy Practice Division will accept endorsements for sodium bicarbonate capsules 500mg and thiamine tablets (all strengths) during December.

Disception ends in court

A woman has appeared in court in Cornwall charged with deception offences. It was alleged that she had falsely claimed to be a qualified pharmacist.

Alison Horwell was charged before a Bodmin court with dishonestly obtaining £1,700 in wages from Williams-Chemists, Bodmin, after falsely claiming that she was a qualified pharmacist.

Ms Horwell was also charged with supplying prescriptions without being authorised and with attempting to obtain a position as a locum in Plymouth, once again by falsely claiming herself to be a qualified pharmacist.

Ms Horwell has been granted conditional bail.

NPA welcomes Audit report

The National Pharmaceutical Association has welcomed the Audit Commission's investigation into prescription fraud.

However, NPA director Tim Astill has countered the Commission's examples of pharmacists' false prescription claims (C&D December 3, p889), saying "there could be valid explanations for these findings; more investigation needs to be made before conclusions can be drawn".

However, national newspapers this week conclude that GPs and pharmacists have been defrauding the system, most being tempted — albeit unfairly — by weak payment controls.

In light of the report, minister for health Gerald Malone says he expects health professionals to work in tandem with the

Department of Health in "rooting out abuses which deprive the NHS of valuable resources and bring the financial probity of family doctors, pharmacists and other professionals into disrepute".

The NPA supports the Commission's call for an improvement in NHS systems and financial control, saying: "[This] would benefit many pharmacists who are losing millions by failing to operate the over-complex prescription endorsement procedure and do not claim payments to which they are entitled."

• Secretary of state Virginia Bottomley announced at this year's Conservative Party conference that tougher safeguards would be introduced to tackle prescription fraud.

FHS see £400 million more

Family health services are to see an additional £400 million in 1995-96, following the £1.3 billion NHS budget boost.

FHS should see Governmental spending of £7.8bn in the next financial year, thanks to the budget. In real terms, this equates to a 2.5 per cent increase.

Total spending for 1995-96 includes that financed from expected income from prescription and dental charges.

Hospital and community health services will see a real increase of 1.3 per cent, with the Government providing £22.2bn in 1995-96 compared with £21.2bn in 1994-95. Efficiency increases will release the equivalent of an extra £600m, says the DoH.

MPs seek guarantees for herbal medicines

Labour and Conservative MPs are urging the Government to return to the European Commission to seek out a guaranteed future for herbal medicines.

Labour's Peter Hain and Conservatives David Nicholson and Nicholas Winterton believe that the Government's confidence in the position of herbal medicines in the UK (*C&D* November 26, p849) cannot be relied on.

The Government's defence, that herbal medicines are not industrially produced and thus fall outside the scope of European directives, could be challenged by European courts, say the MPs, adding that herbalists deserve a more robust and permanent protection.

Therefore, they have called on the Government to either return to the Commission, or seek a new European directive guaranteeing the continued availability of herbal products in the EC.

Doctors' health shop

Doctors in Rayleigh, Essex, have opened a health shop offering advice, information and preventive services.

The Real Health Shop has been set up by GPs at the Audley Mills Surgery. The doctors aim to provide information about healthy life styles in a relaxed, friendly atmosphere, and have deliberately chosen to employ non-medical staff so as not to intimidate clients. A notice tells customers that staff can only advise on life style, and that customers who are ill should consult a doctor or pharmacist.

Dr Gerry Hagan told *C&D* that he did not see the shop competing directly with pharmacies. There were no plans to sell medicines, but they might sell a range of sunscreens and certain supplements, such as folic acid, as these had a preventive role.

There is a free library of books, videos, audio tapes and leaflets, and the assistants can access a computer databank containing more than 4,000 sources of information.

Professional back-up will come from practice nurses and health visitors on a sessional basis. A counsellor will be available and there is a surgical room for chiropody, physiotherapy and beauty therapy.

The fundholding GPs are financing the shop from savings made in their practice and the FHSA is paying some of the rent.



Audit bad press not even virtual reality

As usual many of the press stories on the Audit Commission's report on fraud in the NHS were distorted towards the sensationalism on which most newspapers feed. The emphasis on potential for fraud by pharmacists was highlighted to the exclusion of other professionals. That the evidence to support the claims was procedurally and statistically flawed was completely ignored!

This, of course, did not prevent the press from having a ball but, as on many similar previous occasions, I received little, if any, criticism from my customers. All professions have their black sheep and, from the rather bald data presented by the committee, dispensing doctors are as equally prone to temptation as are pharmacists.

If a patient presents me with a prescription for a drug which can be purchased over the counter more cheaply than the prescription charge, I always offer them the alternative, and give them back the prescrip-

tion. They are then under no misunderstanding that it has been 'dispensed'.

Equally, I know that my patient profile is heavily slanted towards exempt categories, with over 90 per cent of my scripts bearing no charge. I am unaware of the profile for my multiple competitor, but suspect it is substantially different, and would make a great social science research project to determine the multitude of reasons for these variations.

I could further criticise the Audit Commission's report, because I am angry at being collectively accused of professional misconduct, but the real culprit lies not with the professions who are responsible for collecting this 'tax', or even with the Commission, but with a Government which has implemented a tax which is iniquitous in its magnitude and its discrimination. The fundamental reasoning behind its imposition is flawed. It is only operated in this way because of the simplicity of collection. If the Audit Commission feels that this encourages fraud, then instead of slinging mud, it should produce the evidence and substantiate it in court.

Out of hours: out of hand!

It is slightly ironic that, of the first two services devolved to local control by family health services authorities, one is out of hours service. This used to be known as rota duties and was a non-core payment made according to local need, but according to strict guidelines.

The consequence of longer opening hours by many contractors has been that many rotas have been severely curtailed. The monies not spent as a result have become a saving to the Treasury, rather than being re-allocated to develop other pharmaceutical services. The amounts now allocated to pay for locally negotiated out of hours services are derived from the

rump of the remaining rota services, and will be allocated according to present expenditure within a given FHSA area.

Rota payments are already ludicrously low and, with no prospect of the old money being transferred back, I can see that an opportunity which theoretically provides scope for developing a comprehensive out of hours service will founder because of the inability of the FHSA to provide proper funding. In consequence, the present haphazard non-contractual service will continue and another opportunity will be wasted in the desert of departmental parsimony.

Late night or all-night ...

In case you were unaware of another liberalisation of our trading regulations, I am pleased to remind you that, as of December 1, we can all open 24 hours a day for six or seven days a week depending on how big we are. Yes, America has reached our shores at last, and with the Deregulation and Contracting Out Act receiving Royal Assent, late night shopping may now legally be extended to all-night shopping!

How many retailers will take advantage of this new opportunity is uncertain, but when the fascia lights blaze into the dawn I will not be there to see them. So far, the first year of legal, unrestricted Sunday trading has made little impact on my anticipated Christmas trade so, having gratefully avoided one temptation to work ever longer hours, I have no intention of also burning the midnight oil.

Hopefully, after all the uncertainties of the last few years, trading times will now settle into some pattern of predictability. Then I can be assured that, after closing at 7pm, delivering to a couple of residential homes and supplying a cylinder or two of oxygen I will be home at a respectable nine o'clock, satisfied with my 12-hour daily contribution to the Health of the Nation. I will also be safe in the knowledge that, so far at least, my Sunday has been spared the advantages of the free market, assuming I am not on rota, or am not called out for an urgent prescription!

Topical REFLECTIONS

Medical matters

Pharmacists to go straight to the heart

A new initiative, 'Straight Talk', could utilise pharmacists in an attempt to improve the management of heart failure and post-myocardial infarction in the community.

A 'Straight Talk' survey of 200 GPs, supported by an educational grant from Zeneca Pharma, revealed that doctors want more practical support to help them adopt a simple management approach to the two conditions. It also highlighted the disparity in diagnosis and treatment between hospitals and primary care:

- misdiagnosis of heart failure can occur because 90 per cent of GPs use breathlessness, in the presence of other symptoms, as a diagnostic indicator
- while 80 per cent of GPs felt confident about using ACE inhibitors, in practice, only around 10-15 per cent of eligible patients are believed to receive them
- almost 75 per cent of GPs had patients placed on ACE inhibitors in hospital, post-MI, but 40 per cent did not know how long therapy should be continued after discharge.

As a result of the survey, a Straight Talk advisory panel, including hospital and community pharmacists, has been set up in order to address the problems uncovered.

Pharmacists will be invited to local regional meetings in April, along with GPs, consultants and practice nurses, to help develop workable management protocols.

According to Ian Coombes, senior clinical and cardiac pharmacist, the launch of 'Straight Talk' is "an ideal opportunity for community pharmacists to become a more important part of the healthcare team". He believes pharmacists are in an ideal place to develop local management protocols which are "flexible, simple and agreed between primary and secondary care". Pharmacists can also use PMRs to communicate a patient's hospital discharge information to their GP.

The panel will be launching a handbook in March containing the salient points of heart failure and post-MI management, along with new patient information leaflets.

A practical problem

A newly-licensed eradication regimen for the treatment of duodenal ulcers associated with *Helicobacter pylori* is posing a practical problem for pharmacists.

The recently-approved regimen consists of ranitidine (Zantac) 300mg at night for 28 days plus amoxycillin 750mg and metronidazole 500mg three times daily for 14 days.

However, in the UK, metronidazole 500mg can only easily be dispensed as a suppository. For

oral administration the drug comes as either 200mg tablets or a suspension with 200mg per 5ml. Therefore, patients who prefer oral therapy have to either break a tablet in half to take two and a half tablets or measure out 12.5mls of suspension three times daily.

UK trials have been using a regimen of 400mg metronidazole three times daily. But how effective this lower dosage could prove will not be known until March, 1995.

Ciprofloxacin effective for travellers' diarrhoea

A single 500mg dose of ciprofloxacin (Ciproxin) is an effective treatment for travellers' diarrhoea, reports a study in *The Lancet*. Such a regimen would reduce cost, improve compliance and convenience, be less likely to lead to serious side-effects, and probably reduce the risk of drug resistance, say the authors.

The study involved British troops who had recently been

deployed to Central America. Soldiers who presented within 24 hours of developing diarrhoea were randomised to receive either ciprofloxacin 500mg or placebo.

The duration of diarrhoea was reduced from over two days in the placebo group to less than a day in the ciprofloxacin group. The severity of the illness was also halved in the treated group.

Irriclens

Irriclens, from Convatec, is the first sterile wound cleanser and irrigator in an aerosol can. It consists of 0.9 per cent (w/v) sodium chloride in a 240ml can which is CFC-free. Saline solution is released from the can by depressing the nozzle. Firm depression produces a forceful jet to remove stubborn slough and debris in the wound. Lighter pressure allows more gentle cleansing of fragile tissue. Irriclens is available on prescription for use by hospital and community healthcare professionals. The basic NHS price is £2.98 and the retail price is £5.25. Convatec Ltd. Tel: 0895 678888.

Terfenadine dosage

Marion Merrell Dow has revised the dosage recommendations for Triludan, Triludan Forte and Seldane to a lower starting dose for allergic rhinitis. For adults with allergic rhinitis, it is now 60mg/day as a single dose or two divided doses. This may be increased to a maximum of 120mg daily if required. The new dosages apply to all formulations of terfenadine, including all generic and branded generic preparations. Marion Merrell Dow Ltd. Tel: 081 848 3456.

Cafergot side-effects

Sandoz Pharmaceuticals has changed the Cafergot (ergotamine tartrate and caffeine) data sheet. The side-effect section now includes the following: "Due to its vasoconstrictor properties, ergotamine may cause precordial pain, myocardial ischaemia or, in rare cases, infarction, even in patients with no known history of coronary heart disease." Sandoz Pharmaceuticals (UK) Ltd. Tel: 0276 692255.

Janssen changes

Janssen Pharmaceutical has announced changes in product shelf life and storage conditions for a number of products. A new isotonic formulation of Sublimaze (fentanyl) ampoules is being introduced with immediate effect. It has a reduced shelf life of three years although this may be extended to five once further stability data is gathered. The shelf life on Dropleptan (droperidol) ampoules has been reduced to three years. The storage conditions for Daktafort (miconazole with hydrocortisone) Cream will change from "Store in a cool place" to "Store in a refrigerator (2-8°C)". Janssen Pharmaceutical Ltd. Tel: 0235 777333.

Carace 20 Plus price

With effect from January 1, 1995 the price of 28 Carace 20 Plus (20mg lisinopril, 12.5mg hydrochlorothiazide) tablets is being reduced from £16.93 to £13.38. This brings the price of the

once daily combination tablet in line with that of Carace 20mg tablets. Du Pont Pharmaceuticals Ltd. Tel: 0462 482648.

Tyrozets to Centra

With effect from January 1, 1995 responsibility for Tyrozets throat lozenges will be transferred from Merck Sharp & Dohme to Centra Healthcare, the joint venture company between Johnson & Johnson and MSD. From this date the Centra salesforce will be offering bonus terms on transfer orders placed by retail pharmacists. Centra Healthcare. Tel: 0494 450778.

Bayer to Unichem

All Bayer products are now available to the hospital sector through Unichem Hospital Services following the signing of a distribution agreement. Unichem. Tel: 081 391 2323.

BP addendum

The second addendum to the *British Pharmacopoeia 1993* includes new monographs for a number of substances and preparations, as well as a supplementary section containing auxiliary material of relevance to users of the BP and a cumulative index referring all material published in the main volumes, the 1994 addendum and this addendum. Published by the Department of Health, it is available from Microinfo (£75 plus £5 p&p). Please quote ISBN 0 11 321803 6 when ordering. Microinfo Ltd. Tel: 0420 86848.

Losec in US

An advisory committee to the Food and Drug Administration in the US has recommended extending the approved indications of Losec (omeprazole) in America to include long-term treatment of erosive oesophagitis. Astra Pharmaceuticals Ltd. Tel: 0923 266191.

Progynova 28-pack

With effect from January 1, Progynova (oestradiol) will be available in a 28-day calendar pack which will immediately replace the 21-day version. The basic NHS price of the new pack size, for both the 1mg and 2mg strengths, is £2.34. The change will be accompanied by a patient information booklet and a new carton design. Schering Health Care Ltd. Tel: 0444 232323.

Mintec transfer

Roberts Pharmaceutical Corporation, based in the United States, has acquired the UK rights to Mintec from Novex Pharma. Monmouth Pharmaceuticals, the UK subsidiary of Roberts, has assumed responsibility for the marketing of the antispasmodic. Monmouth Pharmaceuticals Ltd. Tel: 0483 65299.

Just how big a headache is Tension Headache?

The biggest. In fact, 74% of all headaches are Tension Headaches.¹ Which, when you think about the pressure people are under today, makes sense.

What also makes sense, is to recommend a *specific* Tension Headache remedy straight away. And the one to recommend is Syndol.

There is no more effective OTC treatment for your patients. Uniquely formulated for Tension Headache, Syndol contains the powerful analgesic combination of Paracetamol, Codeine and Caffeine, plus Doxylamine Succinate to ease muscle tension and bring fast relief (a clinical study showed that in 97% of Tension Headache attacks, Syndol started to work within 30 minutes).

It is a Pharmacy medicine, is strongly supported, creates extraordinary loyalty, and powerful word of mouth recommendation.

Get the benefit. Display well, recommend at once, and above all don't get caught out of stock. That's a headache you could do without.



¹ National Headache Survey, Gallup 1993



**You can't recommend
more powerful relief.**

Syndol[®]

Paracetamol·Codeine Phosphate
Doxylamine Succinate·Caffeine

INFORMATION FOR PHARMACISTS: Each tablet contains Paracetamol BP 450mg, Codeine Phosphate BP 10mg, Doxylamine Succinate USNF 5mg, Caffeine BP 30mg. **USES:** Treatment of mild to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction or tension headache, migraine, neuralgia, toothache, sore throat, dysmenorrhoea, muscular and rheumatic aches and pains and post-operative analgesia following surgical or dental procedures. **DOSAGE AND ADMINISTRATION:** Adults and children over 12 years: 1 or 2 tablets every 4-6 hours as needed. Maximum 8 tablets in 24 hours. Not recommended in children under 12 years. **CONTRA-INDICATIONS, WARNINGS ETC.:** Contra-indications: Idiosyncrasy to any of the ingredients. Precautions: May cause drowsiness. If affected, do not drive or operate machinery. No data available in pregnancy. Avoid use. Side-effects: Drowsiness or dizziness, mild constipation, agranulocytosis rarely. Overdose: Paracetamol overdose can cause liver and kidney necrosis. Immediate medical referral is essential. **LEGAL CATEGORY:** P CD (Section 5) (not prescribable under NHS). **PRODUCT LICENCE NUMBER:** PL4425 0018. **PACKAGE QUANTITIES, PRICE:** Pack of 10 tablets £1.65, 20 tablets £2.85, 50 tablets £6.08. **DATE OF PREPARATION:** November 1994. Full prescribing information is available from licence holder: Marion Merrell Dow Limited, Lakeside House, Stockley Park, Uxbridge, Middlesex UB11 1BE.

Lemsip Flu Strength. The Symptom Chart.

Pharmacists and pharmacy assistants are regularly faced with consumers who are confused about their cold and flu symptoms. Some believe they are suffering from flu when in fact their symptoms reflect an illness much more in line with a cold.

More importantly, many consumers do not realise that flu and colds are very different illnesses and require significantly different treatments. Flu is known to have a more profound effect on the body's systems eg. severe headaches, pronounced fever and sweating, general

weakness and joint pain. With the cold, it is the familiar stuffy or runny nose, sneezing, headache, sore throat, cough, watery eyes and muscular aches and pains that many sufferers mistake for flu. In both cases a loss of appetite may also be experienced.

To help alleviate the confusion, Reckitt and Colman has produced a chart which helps you to identify which symptoms belong to which illness and what kind of behaviour you can expect from the consumer in this situation.

If the symptoms are more in

keeping with a heavy cold or flu, a product specially formulated to relieve these more extreme symptoms is recommended. Reckitt and Colman's Lemsip Flu Strength range contains two products - Lemsip Flu Strength, Pseudoephedrine formula and Lemsip Flu Strength, Night-Time formula.

Lemsip Flu Strength, Pseudoephedrine formula is a hot lemon drink that contains extra paracetamol, extra vitamin C and the preferred pharmacists' decongestant; pseudoephedrine. Taken orally, pseudoephedrine relieves one of the major symptoms of a heavy cold, a blocked or runny nose.

By reducing the swelling of the inflamed blood vessels inside the nasal cavity, it helps relieve stuffiness and reduces mucus secretion. The effects are long lasting so that three doses can give day long relief, without drowsiness. Each sachet contains 1000mg paracetamol, 60mg pseudoephedrine hydrochloride and 100mg of vitamin C.

Lemsip Flu Strength, Night-Time formula is an effective, soothing liquid containing paracetamol, decongestant, antihistamine and a cough suppressant, which works to relieve the symptoms of flu or a heavy cold and so aid restful sleep with minimal "morning after" side effects. Lemsip Flu Strength, Night-Time formula can be taken neat or with hot water as a soothing bed-time drink.

The consistent message offered by the Lemsip Flu Strength range both in terms of packaging and name, strengthens the link between the products and creates a coherent and consumer friendly 24 hour flu relief regime. Lemsip Flu Strength

complements the GSL cold products and adds value to the overall Lemsip brand image. The distinctive red and silver "Flu Strength" bar across the packaging also makes the products easily recognisable on shelf behind the counter as well as clearly communicating the product message.

For winter 1994/5, the Lemsip Flu Strength range will again be supported by a national television advertising campaign as well as a high profile press relations campaign. Point of sale material and consumer education will also be available direct from Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS.

Lemsip Flu Strength,



What are the differences between colds and heavy colds/flu?

	HEAVY COLD/FLU	REGULAR COLD
ARE THEY ASKING FOR YOUR ADVICE?	If the consumer feels the need to ask advice for themselves or on behalf of sufferers, they are probably suffering from a heavy cold or flu.	Most regular cold sufferers self-medicate
SEVERITY OF SYMPTOMS	More severe symptoms: body aches, pains, shivers, temperature, blocked runny nose, headache.	Milder Symptoms: "sniffles" headache
SYMPTOM DURATION	Possibly laid-up in bed/off work 4-5 days duration.	2-3 days duration

Pseudoephedrine formula (10 sachets) and Lemsip Flu Strength, Night-Time formula (240ml - eight doses) are only available in pharmacy and both retail at £3.62.

For further information on the Lemsip Flu Strength range, please contact Reckitt & Colman Products on 0482 26151 or write to the Medical Information Unit, Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS.

LEMSIP

ESSENTIAL INFORMATION: Lemsip Flu Strength Products: Contents: Each Sachet: Paracetamol EP 1000mg and Pseudoephedrine hydrochloride BP 60mg; also contains Vitamin C 100mg; sugar (approx 2.1g) and aspartame. Each 30ml dose of Syrup: Paracetamol EP 600mg; Dextromethorphan Hydrobromide BP 15mg, Chlorpheniramine Maleate BP 4mg, Phenylpropanolamine Hydrochloride BP 25mg and Alcohol (96%) BP 5.92ml. Uses: Relief of the symptoms of flu and heavy colds. **Dosage and Directions:** Adults and children over 12 years: one sachet dissolved in hot water or 30ml taken at bedtime. Allow 4 hours between doses, not more than 3 sachets of Pseudoephedrine formula and one 30ml dose of Night-Time formula in 24 hours; Children under 13: not recommended. **Contra-indications, warnings etc:** For both products: Paracetamol is normally well tolerated with only rare allergic reactions such as skin rashes, urticaria (hives) or itching. It should be used with caution by patients with renal disease or liver dysfunction. Including other medicines, the total daily dose of paracetamol should not exceed 4 grammes. Not to be used by patients recently taking MAOI drugs. **Lemsip Flu Strength, Pseudoephedrine formula:** Pseudoephedrine may interact with antihypertensives and other sympathomimetics. Use with caution in glaucoma. It should not be used by patients suffering from severe coronary heart disease or hypertension. **In pregnancy:** use only on doctor's advice. Reactions such as dry mouth or restlessness may occur. **Lemsip Flu Strength, Night-Time formula:** Chlorpheniramine may cause drowsiness, blurred vision or gastro-intestinal disturbance. Avoid alcoholic drinks, driving or operating machinery. **In pregnancy:** do not use. **RSP prices, at September 1994:** Lemsip Flu Strength, Pseudoephedrine formula (PL44/0155) 10 sachets, £3.62 (P) and Lemsip Flu Strength, Night-Time formula (PL44/0062) 240ml, £3.62 (P). Lemsip, Flu Strength, and sword & circle are trademarks. Further information from the licence holder, Reckitt & Colman Products Ltd, HU8 7DS. Date drawn up: (19/09/94).

Counterpoints

Mates move

Mates Healthcare is taking responsibility for the retail sales, marketing and distribution of the Mates condom brand in the UK from Johnson & Johnson with effect from January 3, 1995.

Mates Healthcare is a division of Ansell International, part of the healthcare division of Pacific Dunlop, an Australian company which has been producing condoms for over 90 years. **Mates Healthcare Ltd. Tel: 081 541 0133.**

AAH's new look lozenges

AAH Pharmaceuticals has repackaged its throat lozenges range to include the Vantage Pharmacy logo and improved on-pack graphics.

The company has also introduced its first OTC pack of dispersible aspirin 75mg tablets with an rrp of £1.09 for 100.

In addition, the ibuprofen 200mg tablet range has been extended to include a 96-pack (rrp £3.69). **AAH Pharmaceuticals. Tel: 0928 717070.**

Natura, naturally

Vita Natura is launching a range of high-potency vitamins which has already been successful in Germany.

The range contains no synthetic substances or animal fats, sugar, salt or yeast and has been formulated to be as non-allergenic as possible.

Eight products are being launched this month and a further eight will follow in March. The first are:

- Multi 40, containing over 40 vitamins, minerals, trace elements and enzymes combined synergistically for maximum absorption (12 tablets, £11.99).
- Anti-oxidant selenium A, C, E and D, which is formulated in synergistic doses and contains vitamin D to enhance vitamin A absorption (60, £7.99).
- Selenium 14 with chromium, a combination of minerals and anti-oxidants (60, £9.99).
- Vitamin C1000 time-release ester formula, which also contains bioflavonoids, calcium and magnesium (60, £9.99).
- Calcium Plus which uses dolomite as a natural source of calcium and magnesium, together with vitamin D. It provides 712mg calcium (120, £5.99).



- Vitamin B complex plus C (60, £9.99).
 - Evening primrose oil with vitamin E, which provides 50mg gamma linolenic acid and 350mg linolenic acid (60 capsules, £7.49).
 - Coenzyme Q10, an anti-oxidant which has shown some beneficial effects in cardiovascular and gum disease (60 tablets, £9.99).
- A series of advertorials starts in *Here's Health* magazine's February, 1995 issue and a Freephone helpline gives nutritional advice on 0800 387533. Shelf strips and leaflets will be available at POS. All the above are

suitable for adults and children over 12. There is a dinosaur-shaped, chewable multi-vitamin and mineral supplement for children, soon to be advertised in the parenting press.

Vita Natura is based in Chessington, Surrey, and the products are manufactured in the UK to pharmaceutical standards by a company which specialises in vitamin and mineral supplements. The first product launch was Aloe Vera Clean, an organic cleanser which removes pesticides and bacteria from fruit and vegetables. **Vita Natura. Tel: 081 974 2777.**

Unichem brands boost

To stimulate trial and purchase of Efamol's latest dietary supplement, Efecal, Unichem is offering eight packs for £27.85 (the usual trade price for six). The offer runs only to December 16.

Unichem is also continuing its 'coughs and colds' promotion throughout December. Discounted brands include: Benylin, Solpadeine, Calpol, Nurofen, Night Nurse, Day Nurse and Sudafed. There is up to 52 per cent POR on some products.

Other offers include deals on Gillette Sensor Excel Razors, Pampers and Kodak Gold film. **Unichem plc. Tel: 081 391 2323.**

Reach for the stars

Warner Wellcome's winter window promotion could win you a trip to Hollywood!

As well as the star prize, there are 37 hand-held TVs to be won. Every entrant will receive one of six feature film videos, including box office hits such as 'Presumed Innocent' and 'Robin Hood Prince of Thieves'.

The winter window display units are available now and promote Benylin Cough, Benylin Four Flu, Sudafed, Calpol and Sinutab. Stocks are limited and will be allocated on a first come, first served basis. **Warner Wellcome. Tel: 0703 641400.**



Revamp for Beechams Hot Remedies

New packaging for Beechams Hot Remedies, featuring illustrations of the different fruit flavours in the range, is designed to improve on-shelf impact.

This winter, Smithkline

Beecham is investing more than £4 million in TV advertising and promotion of its Beechams range. **Smithkline Beecham Consumer Healthcare. Tel: 081 560 5151.**

Plant power

Xynergy Health Products has introduced an instant energy tablet — Pure Planet Power Carob-Mint Spirulina — just in time for the hectic party season.

The main ingredient is spirulina, which the company says is nature's richest source of organic nutrition. It contains beta-carotene, iron, vitamins B12 and E, chlorophyll, calcium, amino acids, protein, gamma-linolenic acid, anti-oxidants, ester-C and

glycine. It is flavoured with carob and mint.

Xynergy is promoting the fact that it was used by long-distance runner Kawika Spaulding in the gruelling Moonbat Trans-America Footrace this year, where he was running an average of 46 miles per day for 54 days.

The product comes in tablet or powder form and prices start at £3.99 for a 30-tablet refillable pack. **Xynergy Health Products. Tel: 0730 813642.**

Yuletide Bisodol

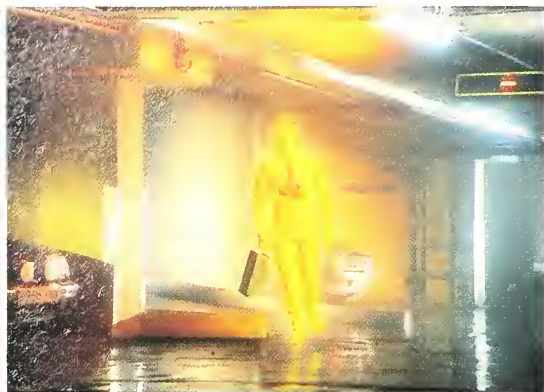
Whitehall Laboratories is backing its Bisodol Heartburn treatment with £500,000 of national TV advertising.

Breaking on Monday

December 12, the five-week campaign will target Christmas and New Year revellers. **Whitehall Laboratories Ltd. Tel: 0628 669011.**



Remegel moves from 'chewy not chalky'



Indigestion remedy Remegel has moved away from its established 'chewy, not chalky' proposition in its latest TV advertising campaign.

The new commercials use a pixel technique (small computer-generated squares) to visualise the relief provided by Remegel.

In the 20-second version, a man made up of pixels is seen to have a red throat and stomach, indicating his indigestion. On chewing a Remegel tablet, the red turns to cooling blues and greens.

Warner Wellcome Consumer Healthcare. Tel: 0703 641400.

Switch on to Kodak

Kodak Gold is on TV during the run-up to Christmas to encourage consumers to stock up for the holiday period. The commercial will reach over 33 million people, says

Kodak. A national press campaign will run at the same time.

• Kodak Fun cameras will be advertised on BSkyB. **Kodak Ltd.** Tel: 0442 61122.

Best foot forward

Crabtree & Evelyn is stepping into foot care with its new Aloe Vera range.

Available from March, the products also contain menthol, peppermint and shea butter. There are four skus: Aloe Vera Foot and Leg Massage Lotion (100ml, £4.95), Aloe Vera Foot Scrub (150g, £5.50), Aloe Vera Cooling Foot Spray (75ml, £5.25) and Aloe Vera Deodorant Foot Talc (100g, £5.50).

Crabtree & Evelyn. Tel: 071 603 1611.

Forsythe wraps it up

Forsythe Cosmetics has come up with a 'first aid' treatment for weak, fragile nails.

Liquid Wrap (£5.75) contains silk and nylon fibres which adhere to the surface of the nail, helping to support minor splits or cracks. It is formulated with talc and silica to create a smooth surface. **Forsythe Cosmetics.** Tel: 071 625 8012.



Asilone on display

A giant Asilone dummy bottle is among new point of sale material available from Seton Healthcare.

Showcards for displays and shelf edgers are also

featured. Seton acquired the brand from Crookes Healthcare earlier this year. **Seton Healthcare Group plc.** Tel: 061 652 2222.

Tudor promo time

Tudor Photographic has special winter promotions on its film and Varta batteries, as well as offers on Kodak promotions — Gold film with 24 extra shots free and single-use

cameras with a second set of prints free. There are also price deals on Konica E180 Super XF video tape. **Tudor Photographic Group Ltd.** Tel: 081 202 0811.

NUROFEN

A BREAKTHROUGH IN PAIN RELIEF

MORE CUSTOMERS REQUEST NUROFEN
by name than any other analgesic!

For more information, contact: Crookes Healthcare Limited, Nottingham NG7 2LJ. I. Benn Pharmacy Survey 1993/94.





THEY'LL SEE IT, THEY'LL HEAR IT, THEY'LL BREATHE IT.

Quite simply where ever your customers go this winter Olbas goes too.

Our biggest ever £300,000 television campaign in the London area, backed by another £400,000 in national press throughout the UK, as a point of sale package will bring the sales rattling through your till. There'll be no getting away from the power of Olbas this winter.



So get stocked up through Dendron (Tel: 01923 229251) or your local wholesaler.

Olbas®

THE POWER TO BREATHE
THE POWER TO SELL



LEADERS IN NATURAL HEALTHCARE

OLBAS Registered trademark and product name built by G.R. Lanes Health Products Ltd. **Directions:** 1. By application to the face. Active Ingredients: **Active Ingredients:** **Precautions:** **Legal Category:** **Packs:** **Price:**

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Benylin on the box



Warner Wellcome's new £2 million national TV advertising campaign for the Benylin cough range broke last week.

It has a 'virtual reality' feel to it as the ad is seen from the camera's point of view. It bursts through the clouds to focus on a typical suburban street. There is a sound of persistent coughing in the background, and the camera then cuts to a shot

of a man reaching for a bottle of Benylin Chesty Original. The coughing is relieved.

The campaign runs to the end of January.

● The company is also re-running the children's cough formulation advertisement, featuring a child and teddy sleeping comfortably, which it produced last year. **Warner Wellcome. Tel: 0703 641400.**

Minadex: read all about it

A new advertising campaign for Minadex Children's Tonic breaks in the national press in

January. It will run through until March. **Seven Seas Health Care Ltd. Tel: 0482 75234.**



Unichem discounts in own-label push

Unichem has added 16 new products to its own-label range and is offering discounts on its manicure and incontinence ranges this month.

The new lines include five baby sundries, two shower cremes, three dietary supplements, three men's toiletries and novelty bath sponges.

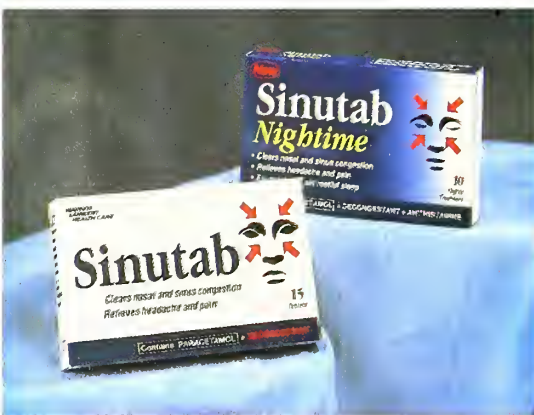
Unichem is offering up to 20 per cent discount.

In nail care, there's 15 per cent off the trade price of own-brand manicure products and 10 per cent off a stand containing 18 products. There is also a 10 per cent discount on its incontinence range. **Unichem plc. Tel: 081 391 2323.**

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Alka-Seltzer:	All areas
Anais Anais:	All areas
Askit Capsules & Powders:	STV, G & C4
Benylin Coughs/Children:	All areas except STV
Benylin 4 Flu:	All areas
Crest Complete:	All areas
Dove:	All areas
Duracell:	All areas except GMTV & U
Eden:	All areas
Gio:	All areas
Gliss Corimist:	C4, GMTV
Hedex Headcold:	GMTV
Johnsons Baby Skincare Wipes:	All areas except B, G, Y, LWT
Kodak Single-Use Camera:	BSkyB
Ladyshave Aqua:	U, B, G, Y, C, TT, C4
Meltus:	C
Nurofen Cold & Flu:	All areas
Oil of Ulay:	All areas except LWT & C4
Philips Dental Logic:	STV, B, G, Y, C, A, M, LWT, TT, C4
Philishave:	C4
Pro-Air Quattro:	C4, BSkyB
Remegel:	C4, BSkyB
Safari for Men:	All areas
Sinutab:	All areas
Vicks Ultrachloraseptic:	CAR
Wrigley's Extra:	All areas
Wrigley's Orbit:	All areas
XS pour Elle:	C4



Sinutab and Sinutab Nighttime are back on the air this month in a £1 million campaign which runs through to January, 1995. The commercial is based on the 'face and arrows' pack graphics and features a computer image of a blocked up sinus sufferer with the arrows becoming massaging hands. **Warner Wellcome Consumer Healthcare. Tel: 0703 641400**

Sporting Philips

Philips has produced its second 'Sporting Face 1995' calendar with proceeds going to the British Wheelchair Sports Foundation. Send a cheque or postal order for £3.45 made out to the BWSF to: **Sporting Faces '95, BWSF, Harvey Road, Stoke Mandeville, Buckinghamshire HP21 9PP.**

OG offers

In March, consumers will be able to try Outdoor Girl's Creme Silk Finish for £0.99 (usual price £1.69). Refills will also be reduced to £0.99 for the eight-week promotion (or while stocks last). **Procter & Gamble Cosmetics & Fragrances. Tel: 0202 524141.**

Imodium move

Janssen Pharmaceuticals will transfer sales responsibility of Imodium OTC packs to Centra Healthcare from January 1, 1995. Transfer orders for Imodium can be placed via Centra representatives. Janssen will continue to market Imodium prescription packs and handle all regulatory and medical information. Wholesaler orders for the Arret, Franolyn, Pollon-Eze and Phisoderm ranges should go via Centra from January 1. **Centra Healthcare. Tel: 0494 450778.**

Goalie scores

Barnsley goalkeeper David Watson is the latest winner of the Wilkinson Sword Protector of the Month Award for goalkeepers in the Endsleigh League. **Wilkinson Sword Ltd. Tel: 0494 533300.**

Steel works

Aladdin Industries has introduced a new steel vacuum flask called Manhattan. Available in a 0.45-litre size, it has an rrp of £23. Minimum order quantity is one carton (six units) and orders of more than £150 are supplied carriage paid. **Aladdin Industries Ltd. Tel: 0442 235858.**

Ladies' No 1

In the *New Woman* magazine awards, Wilkinson Sword's Lady Protector was voted 'Best New Beauty Appliance 1994'. **Wilkinson Sword Ltd. Tel: 0494 533300.** Windsor Healthcare's Uvistat Long Lasting high-protection sunscreens won the category for 'Best New Suncare Range'. **Windsor Healthcare Ltd. Tel: 0344 48448.**



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INFORMATION FOR PHARMACISTS: ACTIVE INGREDIENTS: Cetylpyridinium Chloride 1.4mg, Benzocaine 10mg. **USES:** Relief of pain and discomfort of throat infections. **DOSE:** Adults and children over 12 years: One lozenge every 2 hours as needed but not more than 8 in 24 hours. **CONTRAINDICATIONS:** Hypersensitivity to ingredients. **USE IN PREGNANCY:** No data but cetylpyridinium chloride widely used without apparent ill-effects. **SIDE-EFFECTS:** Urticaria or other allergic reactions very rarely, transient burning sensation of mouth rarely. **LICENCE HOLDER:** Marion Merrell Dow Ltd, Lakeside House, Stockley Park, Uxbridge, Middlesex, UB11 1BE. **PL NOS/LEGAL STATUS PRICE:** PL4425/0028, P. £2.05 **DATE OF PREPARATION:** December 1994

(1) Richards, RME, Pharm. Jnl. Vol. 242 No. 6536, 3rd June 1989

Christmas Closing

BHR Pharmaceuticals will be closed from 5pm on December 22 until January 5 inclusive. The last day for guaranteed delivery of order is December 16.

CP Pharmaceuticals will be closed from December 26 until January 3. All orders received by December 16 will be delivered before Christmas.

Evans Medical's customer services will be closed on the following dates: December 26-27 and January 2. A skeleton staff will be available on December 28-30 to assist with any emergency orders/enquiries (0345 451500).

Goldshield Healthcare will be closed for general enquiries from December 26 to January 3 inclusive. Medical advice, however, will be available over the whole period on the usual office number (081 684 3664).

Hoechst Roussel and Distriphar's customer administration department (sales orders) will be closed from 5pm on

December 23 until January 3. Urgent hospital orders can be received up until midday on December 22. For emergency orders: tel 0793 524413.

Martindale Pharmaceuticals' customer services department will be open for orders on the following days: December 23, 8.30am-2pm; closed December 26-27; December 28-30, 9am-3pm; January 2, closed; January 3, 8.30am-5pm. Customer service contact numbers, tel: 0708 34733 (fax: 0708 34866).

H N Norton & Co will close from noon on December 23 until December 28. Orders for delivery before Christmas should reach the company no later than noon on December 21.

The Proprietary Articles Trade Association will be closed from noon on December 23 until December 28. A telephone answering service will be in operation during this period and messages will be monitored on a regular

basis (tel: 0923 211647).

William Ransom will be closed from 12.30pm on December 23 until January 3.

Roche Products will be closed from 1pm on December 23 until January 3. The sales order processing department will be providing an emergency service from December 28 until December 30 (8.30am-1pm) on 0707 366778/0707 366779.

Serono Laboratories (UK) will be closed from 5pm on December 23 until January 2. The last date for deliveries before Christmas is December 22 (orders by December 12).

Wyeth Pharmaceuticals and **SMA Nutrition's** order and despatch departments will close from noon on December 23 until December 28. The company will also be closed on January 2.

• **Whitehall Laboratories'** Bisodol has produced a Christmas Holiday opening hours door sign which is enclosed with this issue of *Chemist & Druggist*.

Age defying foundation from Revlon

February will see the introduction of Revlon's new foundation, which invites women to defy their age — not lie about it.

Age Defying Make-Up aims to enhance rather than camouflage older skin. It contains 'moisture wrapped pigments' that will not settle into fine lines and wrinkles, so avoiding the caked appearance other foundations can give.

It also contains MPG (methoxypropylgluconamide), which is Revlon's alternative to AHAs (alpha hydroxy acids). MPG helps improve the texture of the

skin, without the possible irritation of AHAs, the company says.

Age Defying Make-Up is SPF8 and suitable for sensitive skins. It goes on-counter on February 15, 1995 and will retail at £13.50 for 35ml. Available in six shades, the launch will be supported by a one million-unit sampling campaign and TV and press advertising, starring Melanie Griffith.

• The product has already launched in the US where it gained 4.8 per cent market share in six months. **Revlon International Corporation. Tel: 071 629 7400.**



Jordan toothbrush packaging has been given a boost for 1995 to help ease consumers' identification of the different brushes in the range. Called 'Tall Front', it comprises a descriptive plastic panel with artwork standing 8cm high which is attached to the front of a 12-toothbrush pack. **Chemist Brokers Ltd. Tel: 0705 219900**

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0708 384733

Now, that's what you
Really want.



Tisserand's limited collection

One of the most exclusive essential oils, Rose Phytol, is included in Tisserand Aromatherapy's latest limited collection of organic oils.

Rose Phytol is derived through Phytonics, where the extraction process on the freshly-gathered roses is carried out at room temperature without the use of oxygen. The distillation process also uses an inert gas, and not

the traditional steam or solvent, to render a purer oil. The oil's exclusivity is reflected in the price, with a 9ml bottle retailing at £55.04 (2ml, £14.66).

Other oils in the collection are: geranium (£5.70), lavender (£4.37), peppermint (£5.70), rosemary (£3.26) and tea tree (£4.04). All come in 9ml bottles. **Aromatherapy Products Ltd. Tel: 0273 325666.**

Paloma's looking rosy

In March, Parfums Paloma Picasso is introducing a limited edition gift with purchase, the Baroque Rose Collection.

It comprises a red purse which contains a body

lotion, bath and shower gel, a soap and a small eau de parfum (5ml). It will be free with the purchase of a 30ml eau de parfum spray.

Prestige & Collections Ltd. Tel: 081 979 6699.

Numark to buy up Independents for independents

Both Sandy Young and I, and I am sure many others, read *Xrayser* with great interest (C&D November 12, p771). Two quotes in particular are of significance when considering the Numark restructure: "... my option would be to sell to a single proprietor pharmacist ... plus join Numark" and "The enthusiasm of the committed single owner should not be overlooked, and this business is ideal for the re-establishment of independent ownership".

Clearly, one of the key elements of the Numark offer is to sustain independent community pharmacy by ensuring it has ownership of Numark and all that goes with it, but also by working with and for the shareholders to improve their business and therefore profitability and long-term growth in real terms. There is another key feature. Given a strong Numark Ltd, it could become the buyer of independent community pharmacies, not to build a chain, unless that was the wish of the shareholders, but to ensure they go to younger independent community pharmacists, thereby allowing

them to remain independent.

Clearly the major buyers will continue to be buyers, but Numark Ltd is capable of introducing another very realistic route, which will help sustain independent community pharmacy in the UK.

Terry Norris

Managing director, Numark Ltd

Broken bulk claims — is there a definitive answer?

Can anyone give me the definitive answer to claiming broken bulk? Since I wrote to you about the subject a few months ago, I have discovered that everybody seems to have different ideas about how to interpret the regulations!

According to the Drug Tariff, and to the staff of Liverpool Pricing Bureau, there is no limit to the number of times that broken bulk can be claimed, ie you can claim for the same product several times within the same month, although they will all be lumped together for broken bulk purposes. There is no relation between claiming payment and the usage figures from previous months.

According to other people, including John Richardson

Computers which has based its endorsing facility on it:

- if you claim broken bulk for the same product more than once in a six month period, the entire claim will be disallowed
- there is a mysterious 'two-thirds rule' which states that you will not be paid broken bulk if you used more than two-thirds of a pack during the previous month.

Have these additional rules been secretly programmed into the Pricing Bureau's computers so that even their own staff do not know they exist? Is there a page missing from my Drug Tariff?

Bill Johnson

Warrington

Shooting ourselves in the foot again

I would like to comment on the letter from Hemant Patel (C&D November 26, p862). In it there is mention of various threats to pharmacies. I want in particular to talk about the new GSL medicines. These are aimed to be widely distributed through supermarkets, newsagents and garage forecourts, simply due to their GSL status.

Alan Nathan, a member of RPSGB Council, has written

that: "Unless it can be seen that people get value added service in a pharmacy as compared with a supermarket or a shop on the High Street, we could lose our monopoly over P medicines."

I have news for him, we do not have to wait for that to happen because companies like Smithkline Beecham are introducing GSL equivalents to P medicines — from the same company for the same illness — such as All-in-One versus Day Nurse and Night Nurse.

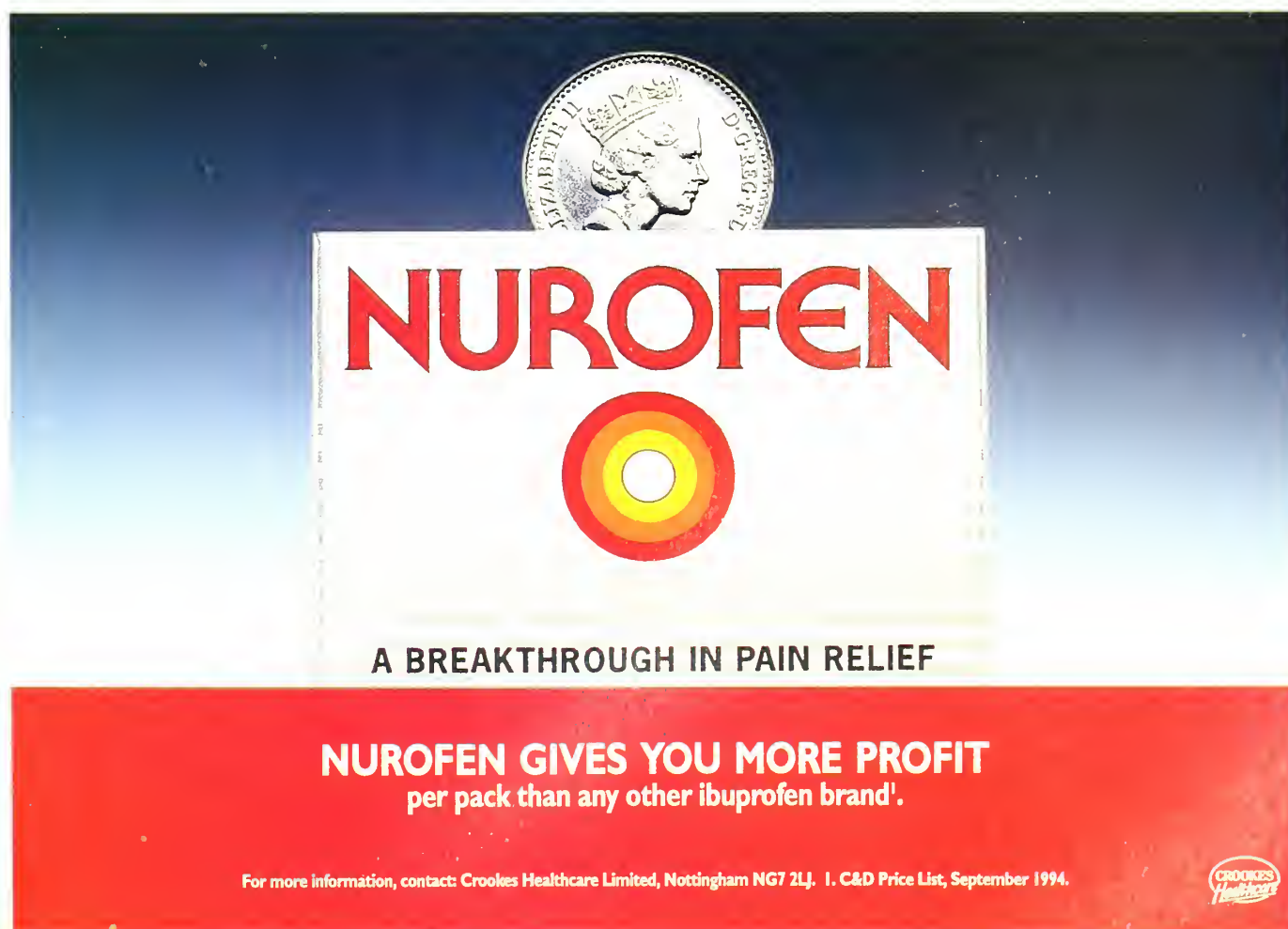
The company's new product is launched with £3 million support with £1.5m to be spent on TV advertising. It is intended for sale in the self selection area of the pharmacy.

By supporting such brands many pharmacists display an unexpected talent for acting the fool. A few even organise a window display! It seems that they are not only content with going down, but intend to take others with them!

I urge all pharmacists to think hard about these developments and strongly support the Pharmacy Support Group campaign by not stocking products from companies that have demonstrated anti-pharmacy marketing policy.

T Mahmood

Romford



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CROOKES Healthcare

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DEAR BOYS
THIS CHRISTMAS





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And these are the brands that will be the biggest sellers again this year, with expected sales of over 50% of all men's Christmas gift sets.

Elida Gibbs will bring you the sweet smell of success throughout the festive season.



FABERGÉ

One small step for pharmacy...

The first thing you notice in Clare Mackie's Glasgow pharmacies is the space. No wonder customers have likened them to ballrooms: no gondolas, no dump bins, just a couple of chairs forming their own little island in the centre of the shop. A clear, uncluttered run to what looks like the till — but is in fact the PMR system.

Not only is the PMR out front, the pharmacist is too. So the oft-held dream of pharmacists being involved in every consultation, counselling on every prescription, has become a reality.

Behind the screen

In two of Clare's three pharmacies, Cardonald and Langside, the PMR sits on the counter, in the same way as a till. The hard disk resides on one of the shelves underneath. And, yes, the entire system is heavily anchored to the floor to counter theft!

A clear screen attached to the counter helps ensure patient confidentiality, while an open counselling area beside the workstation allows more discreet conversations.

The pharmacist mans the PMR and can input all OTC medicine sales directly into the computer, alongside prescribed drugs. Many pharmacists do this already, but as Clare points out: "You are running from the front to the back of the shop. And, if the dispensing technician is working on the screen, you don't build up the PMR and a lot of things get missed."

This way, when a prescription comes in, the pharmacist enters it as normal into the PMR, it is printed out in the dispensary and the technician takes care of the supply function, leaving the



Clare Mackie discusses the advantages of the PMR workstation with one of her pharmacists, Alistair MacLaren

Clare Mackie has taken one small step in moving her PMR into the front of the pharmacy, rather than having it lurking in the dispensary — but it's a giant leap in the eyes of her customers

pharmacist free to assess the clinical implications and add any OTC sales. The pharmacist hands out every prescription and counsels patients about every item.

Some pharmacists may say they don't have the time to counsel every patient, or that they cannot give clinical advice based on the information they have. Clare dismisses these complaints.

First, freeing up the pharmacist from the supply function gives them time to focus on the patient's needs. And, second, building up a medical history is not such a difficult task: just ask the patient.

"How do you think they get a medical history from a patient suddenly admitted to hospital?" asks Clare. "Someone interviews them."

She believes that, using good counselling skills, pharmacists can gather a full medication history from anybody, and this may be a better picture than the one given to the GP, as patients are often less intimidated by their pharmacist. This method has the added extra of incorporating OTC purchases. "The most important

thing you have to do to use PMRs effectively is to take a patient history," is Clare's advice.

Some may think she starts with an added advantage when looking for the clinical implications revealed by the PMR as, until recently, she was assistant director of the Scottish Centre for Postgraduate Pharmacy Education. But, she says, any real community pharmacist is, by the very nature of their job, a clinical pharmacist. "People who are just doing the supply function are not clinical pharmacists," she argues.

No threat

And pharmacists should not feel threatened by clinical pharmacy practice, they already have the basic skills needed. "The tools we use the most are counselling skills," she says. Getting a good patient history is even easier when the PMR is out front, she says, as patients realise it is in their interests to keep the record up to date.

While many patients have heard of PMRs, not many understand what they actually do. This way, they see what PMRs entail and can help make

amendments to their records.

Because of their greater involvement, "they are more likely to come back and fill in any blips, such as hospital stays and reactions to drugs they have had elsewhere".

The concept of a pharmacy workstation is one that Clare had been planning for some time, since the Nuffield report in 1986.

"The Nuffield report stated that the pharmacist's place is not in the dispensary counting, pouring and labelling, but in almost constant contact with those who would benefit most: the patient," she explains.

Clare agrees with the concept of moving pharmacists out of the dispensary, but with Nuffield "they moved them right out the door". The issue became one of supervision,

Patient benefits

More adverse drug reactions and general patient problems can be picked up when the pharmacist is out in the front of shop.

For example, one Sunday, a lady presented with a prescription for Zantac and also asked for a tonic as she was feeling exhausted. From checking her records, Clare noted that she had not had a Zantac script for five months, making it a new episode. The patient was also on thyroxine, which may have explained the tiredness, and warfarin 4mg. Clare was concerned that this could have contributed to possible undetected blood loss from a new ulcer attack. Although blood loss in the stomach is normally noticeable from the colour of the stools, the patient was also on Ferrocontin which darkened them in any case.

The patient had her card for the warfarin clinic and Clare was surprised to see that, on her last visit two months earlier, her INR was 3.8 when it was usually 2.1. Clare asked if she had any unexplained bruising, to be shown a very blackened foot and ankle. Obviously, the warfarin level needed to be checked, as it was too high, as did the possible problem with her stomach.

The patient was given a note to take to her GP the next day. Fortunately, the GP was also alerted as she did not turn up for an appointment on the Monday!

Cutbacks

The refit did mean a cutback in OTC sales, something many pharmacists are loath to do. Clare had no qualms.

Some 80 per cent of both shops' business came from prescriptions, 10 per cent from OTC medicines and only 10 per cent from sundries.

"Around 90 per cent of our business surrounds our professional activities."

Thus, reducing 10 per cent of the sundry sales (predominantly cosmetics, skin care and hair care) only affects 1 per cent of the total turnover.

Able cable

Pharmacists keen to take this step may encounter one particular difficulty.

"The computer cable did not reach from the hard disk under the counter into the dispensary to operate the printer, it had to be fed under the floor," remembers Clare.

She was told there needed to be a separate hard disk for the printer; no way could it operate that distance off one hard disk.

But, fortunately, a computer engineer friend pointed her in the direction of a cable booster, which only cost £60.

The National Pharmaceutical Association also gave Clare help by putting her in touch with various recommended shopfitters.

which overshadowed the rest of the document, Clare believes.

She's all for pharmacists extending their roles to include domiciliary visits, GP liaison and running health clinics, but not at the expense of their mobile patients. "Before we extend our roles we must concentrate on the core pharmaceutical services which we provide. Once we have got that right, we need a second pharmacist to do these roles," she opines.

In her pharmacies, extended roles focus on the core pharmaceutical service: the pharmacist in the shop. For

example, there are counselling rooms which, in some other pharmacies, are used for health screening. But Clare does not believe this is the best use of a pharmacist's expertise. She argues: "Most GP surgeries have practice nurses to do health screening. I don't think we should be doing it ourselves, but advising GPs on protocol treatment to help them analyse the results of screening."

Both pharmacies have areas devoted to health promotion leaflets and there are plans to extend the Langside area into a video lending library from January. This was in response to Greater Glasgow Health Board's health promotion department's search for suitable outlets for its range of videos.

At the moment, Langside's pharmacist, Alistair MacLaren, is getting to grips with the wealth of health information that is available, and starting the arduous task of logging it all. "GGHB has 400 leaflets alone," admits Clare.

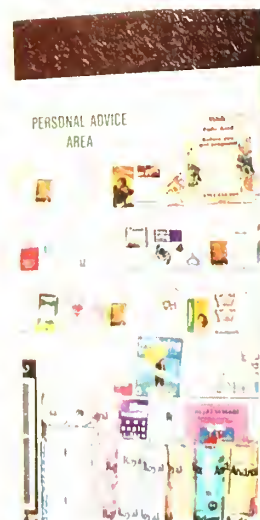
Job satisfaction

Clare firmly believes bringing the PMR out front is a step that all pharmacists should take — if only to emphasise what a real professional pharmaceutical service is. "Many people think it is fast dispensing because patients only see the supply role." So moving out helps them realise what the pharmacist does for them.

But pharmacy's professional nature can still be emphasised, even if the PMR remains in the



The Langside pharmacy's workstation and counselling area



dispensary. Clare is based in the Shawlands branch which is too small for a workstation, but she has still moved out of the dispensary. The technician does the bulk of the dispensing, while she concentrates on patient counselling. "We've trained our patients, they all expect to be talked to!"

Patients seeking advice wait their turn, as if they had handed in a prescription. "A professional activity should not be treated as something to be rushed. And people are prepared to wait for good quality advice," says Clare.

As she practises the pharmacy workstation concept without the actual workstation, it is easy

for her to be enthusiastic, but how do her managers feel?

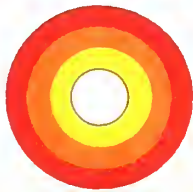
"It's great," says Cardonald's Shona McCallum. "Before, you had to shout at patients from the dispensary."

At Langside, Mr MacLaren agrees. "It's much easier to get involved with OTC sales, which is good for the new protocols."

But what about the bottom line? Since the system was introduced last July, both shops report a script increase of a couple of hundred a month — from a base of 4,000.

Add an increase in 'P' sales, now the pharmacist is more directly involved, and the little step has turned out to be a smart move all round.

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Cashing up and cashing in

Your meeting with the bank manager has gone to plan, your loan application goes through and you buy Mr Whitecoat's pharmacy (C&D October 8, p593).

To improve efficiency, it's time to set up some cash handling systems in order to record your business transactions.

Daily cash

It is important to have a suitable cash register(s). It should compartmentalise sales from each area of the shop as this will give an overall picture of your counter business. Ideally, this analysis is done using an EPOS system, but the cost is usually prohibitive for those just setting out in business.

A daily cash book, a plain-paged bound book, should accompany each cash register, and each time cash is taken from the till, for petty cash, for example, a record should be made. The daily cash book will also record the cash float (change) in the cash register and any change float held elsewhere. This simple system will ensure that all cash is accounted for.

At the start or end of each day (or shift) the cash register should be zeroed and the cash/cheques/card totals should be reconciled with the daily cash book.

Accounts

The information you will need to record will be contained in your daily cash book, your cheque stubs and your bank statement. The bank will send you a monthly bank statement, but it can be provided more frequently should you require it.

To keep all this information together a variety of record books, eg Simplex D (George Wyner Ltd), are available and can be obtained in most stationery shops.

An increasing number of computer accounts programs are available, ie Observe (National Pharmaceutical Association), SAGE and Money Manager PCW. The advantage of these programs is that they provide quick analysis of your financial data, but you must keep in the information on a regular basis. You should discuss with your accountant which system to use, as your annual accounts will be based on these records.

All accounting systems record: gross daily takings and other receipts, payments made to suppliers, expenses, bank expenses, inland revenue returns, etc. In cash books, a single page records a week's transactions. It is important that



In the fifth of Terry Maguire's 'Managing to Survive' series, he guides us through cash handling and VAT

these records are updated, at least weekly.

Value added tax

VAT is a purchase tax, a levy charged by Government on someone purchasing an item or a service. There are three rates of VAT in the UK — zero rate on foods and children's clothing, an 8 per cent rate on domestic heating fuel, and the standard rate, currently 17.5 per cent. Only customers pay VAT, businesses do not. But businesses have the statutory

responsibility to collect VAT on behalf of the Government. You will need to register with your local Customs and Excise office for VAT and you will be allocated a VAT number. You keep this irrespective of the number of businesses you own.

VAT in pharmacy

Unusually, pharmacies usually claim back VAT from C&E rather than pay it. When medicines are purchased from the supplier VAT is applicable but when they are dispensed on NHS

prescriptions, they become VAT zero-rated. Therefore, the customer (the NHS) does not pay VAT. The net effect is that pharmacy usually claims back VAT.

Sources of money

The pharmacy has two areas where money enters the business:

- (1) Money paid by FHSAs (CSA in Northern Ireland and Boards in Scotland) for NHS prescriptions dispensed. No VAT is paid.
- (2) Money collected at the till from counter sales, including OTC medicines. This is a combination of items on which VAT is paid and zero-rated items on which no VAT is paid.

With the large number of small items going through a pharmacy till it would be very difficult to use it to identify how much VAT must be paid. Therefore, a scheme for calculation of VAT liability is used to simplify the calculation. The scheme that best suits a community pharmacy is Scheme B and is based on calculation of VAT from inputs (money received) and outputs (money paid out).

Keep records

VAT invoices should be regarded in the same way you regard cash — it has a face value of the amount of VAT identified on it.

All invoices received are recorded on a table like the one shown. They may be recorded in a book or in a database or spreadsheet computer program.

To calculate the 17.5 per cent VAT element of the total cost of an item, multiply the amount by seven and divide by 47.

At the end of each month, summing the columns in the table will give: the total amount due to wholesalers and other suppliers (outputs), total VAT and the total of zero-rated goods received. The 'zero up' column refers to the zero-rated uplift. This is the price that a zero-rated item will sell for.

For example, if the counter takings are £5,000 in the month and £1,000 is from zero-rated goods, VAT will be due on £4,000 which is £595.74 of VAT.

This is off-set by the VAT already paid on medicines. For example, if the cost price of NHS medicines was £15,000, then £2,625 VAT will have been paid to the wholesaler. The pharmacist can, therefore, claim a £209.26 refund from C&E.

At least once every five years, a C&E officer will visit the pharmacy to ensure that proper returns are being made.

Dr Maguire is course co-ordinator for the Diploma in Community Pharmacy at the Queen's University, Belfast

Details recorded on invoices received in the pharmacy

Date	Supplier	Amount £	VAT £	Zero £	Zero up £*
11-10-94	A	134.20	19.95	0	0
11-10-94	B	150.00	14.89	50.00	75.00

* Zero up refers to the zero-rated uplift: the price that a zero-rated item will sell for



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PIL? Low talk

In-pack patient information leaflets are a useful medium to convey information on a medicine's use. However, if they are to succeed, supplementary advice is needed. Are pharmacists the people to give it?

Patient Information Leaflets (PILs) have an important part to play in informing patients about their medicines, but must be viewed as only part of the mix.

Speaking at the recent Office of Health Economics' conference on health information and the consumer, medical researcher Dr Sharon Gibbs noted that patients know very little about their medicine and its side-effects.

She said: "Consumers are kept in the dark about medicines; during a consultation, doctors don't have time, or don't try, to give much information, patients don't ask or they forget what they've been told."

In a study of patients' knowledge following consultation, only 27.3 per cent were aware of any side-effects associated with their medicines. But those patients who received leaflets "were better informed about every item of knowledge tested".

PILs alone, however, cannot guarantee compliance. "There are many factors affecting this: previous experience, knowledge, beliefs about the medicine and the disease,

information provided by the pharmacist and the doctor, the opinions of family and friends, other written materials and alternative medicine," explained Dr Gibbs.

One advantage of PILs is that they stimulate discussion between the patient and the pharmacist. They are also read, with 97 per cent of patients saying they studied the leaflet.

But PILs suffer from limitations, such as how much information does the consumer want? How can poor readers be helped? Is the information presented in a helpful way? Indeed, does in-pack information prevent an informed purchase?

"To work, information must be presented in a simple, non-patronising way, with a translation of the difficult terms," concluded Dr Gibbs.

Communication not confusion

PILs are useful, but should be a supplement to labelling and counselling and not an alternative, said Linda Stone, pharmacist and past RPSGB president.

For successful communication, today's pharmacists must be alert to the problems of minority groups and English people with reading or comprehension problems.

About 16 per cent of the adult population (eight million people) have problems with reading. One million adults have a reading age of less than nine years, and with unfamiliar information, such as a newly-diagnosed health problem, reading ages could be as low as 7.5-8 years.

Illiteracy in immigrant communities runs at about 25-35 per cent, and 54 per cent of immigrants rely on children to read the pharmaceutical label for them. Seventy-one per cent of these groups can't read English.

Communication skills are a mandatory part of the modern pharmacy undergraduate course. Every day pharmacists spend about 1-2 hours per week on health promotion. More would like to spend more time on this, said Ms Stone.

Thanks to technological advances, 'counting, pouring, licking and sticking' can now be done by qualified support staff, freeing the pharmacist to be more concerned with the patients coming into the pharmacy.

The aim should be to communicate not confuse, said Ms Stone.



Ex-RPSGB president Linda Stone

Supervision of medicine sales 'a sham'

Pharmacy has a long way to go before consumers can be confident that pharmacists are providing adequate safety checks on their medicines, warned Derek Prentice, assistant director of the

Consumers' Association.

The Association, too, has "concerns about pharmacy's ability to effectively deliver information in a more modern manner", he said.

In 1974, the CA concluded

that, overall, improvement was needed in the quality of service to ensure consumer confidence.

Twenty years later, it felt that the "so-called supervision of the sale of pharmacy medicines is little more than a sham. This underlies the claim that pharmacists have a major role in the provision of health promotion".

Community pharmacists should have an important role in providing consumers with information about the products they are dispensing. But "only if pharmacists supply information that the consumer wants and understands can he develop a competitive place for himself in the market", said Mr Prentice.

Suggesting that 24-hour trading, seven days a week, could be one way to develop a competitive edge, Mr Prentice noted: "If you want to give consumers information, give them what they want when they want it, not when the pharmacist wants to give it."

The Consumers' Association worried that pharmacists are in an important position of influence and power. Pharmacists must show that they have a professional role to play and prove safety.

Given the poor performances of 1994, the CA questioned whether OTC medicines should be sold anywhere by anyone. Said Mr Prentice: "Pharmacy has a long way to go to justify having that role much longer."

"There is a lot more that pharmacists can be doing and there's a long way to go before pharmacists can rightly claim to be the only people on the High Street to sell medicines."

Pharmacists are failing patients

Today's undergraduate pharmacy education is producing pharmaceutical scientists, not people who are very good at talking to people over the counter, announced Dr Philip Brown, publisher of *Scrip* and author of the article 'Are pharmacists necessary?'

Pharmacists today have an increasing knowledge of pharmaceutical science, but "what we do not have is a pharmacist who participates in any way in the rational

provision of healthcare advice.

"There is no infrastructure of information available to ensure that pharmacists have any kind of rationalisation of information," said Dr Brown.

Citing an example where Amoxil and Losec were repeat prescribed three times a day for two years, Dr Brown asked: "What pharmacist raised his or her hand and said: 'What's going on?' Pharmacists are in the position of providing a safety net more and more, but

they are not reliable."

Dr Brown noted that when the patient comes in asking for an OTC product by name, the only actual involvement by pharmacists is the 'wave' from the dispensary. "Is this the extent of pharmaceutical control? The fact of life is that these consumer products are being sold by unqualified people," stated Dr Brown.

Following 'raids' on the privacy of pharmacy by the Consumers' Association, the Royal Pharmaceutical Society put in place protocols "so that it can be seen to be controlling the process", he said.

"The purpose of these protocols is to establish whether the sale of the medicine should take place. But when you get the situation of 'yes, the consumer can be sold the product', the guidance falls quiet. What then should that guidance say? Refer to the doctor? The politicians don't want those patients referred.

"What kind of body of evidence do pharmacists have on which to base their advice; profit margins or advertising? Is this the kind of advice that pharmacists are giving? Is this the kind of advice that the community wants?" queried Dr Brown.

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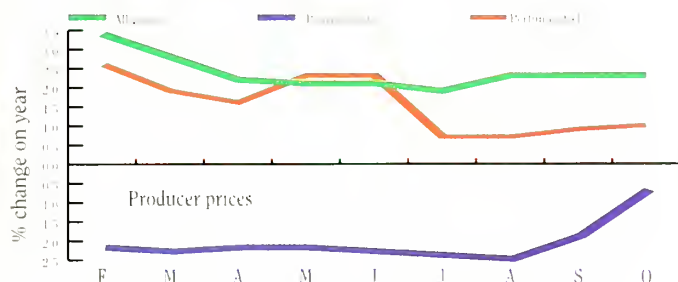
While retail sales continue to grow at a measured pace, the overall economy is surging ahead, bringing with it the near-certainty of additional, and probably substantial, interest rate hikes.

Strong manufacturing output in September, now expanding at a trend rate of 5 per cent or more, contributed to a third quarter GDP 4.2 per cent higher than at the same time a year ago. The economy last grew this fast in the fourth quarter of 1988 and even without additional growth it will have expanded by 3.7 per cent during 1994.

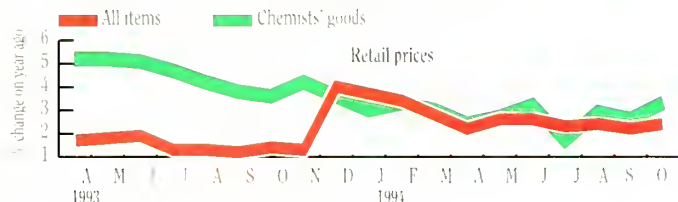
Spending is also still strong, with a 0.5 per cent rise in the third quarter, to a level 2.3 per cent up on the previous year. Total spending by consumers is set to increase by 3.0 per cent in 1994, followed by a faster 3.5 per cent upturn next year, as expanding employment bolsters confidence — leading to reduced levels of saving — and restores growth in real incomes.

That, at least, is the view of finance house UBS, whose latest forecast also carries the warning that accelerating recovery, in the face of looming capacity shortages, will force

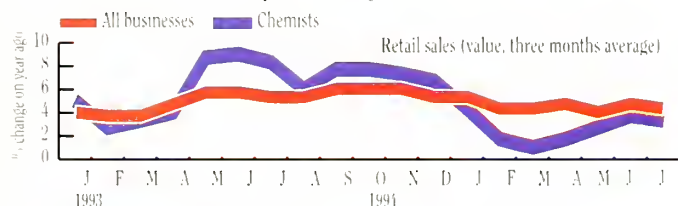
Prices of pharmaceuticals falling less fast



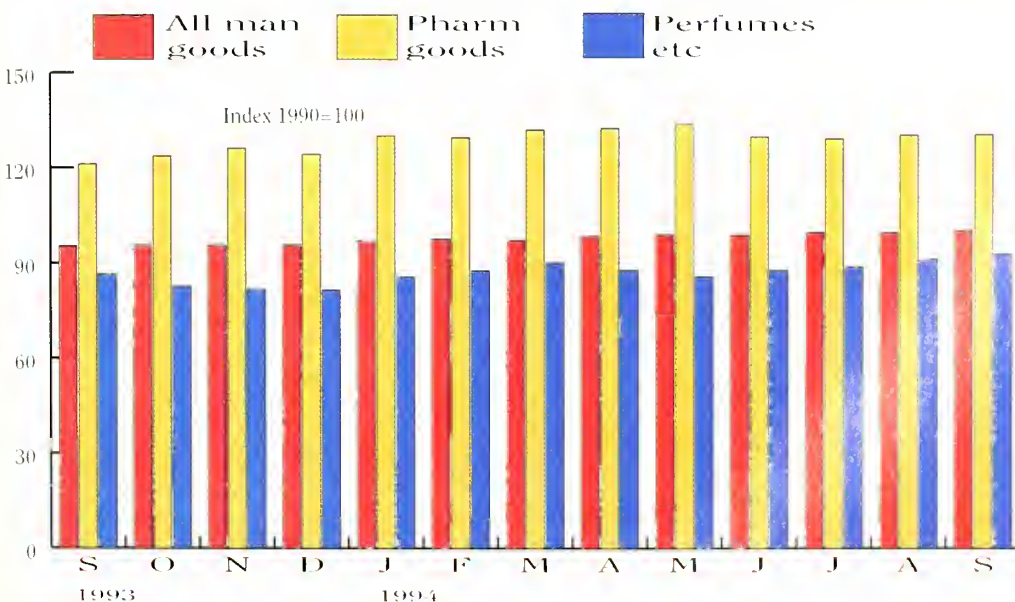
Chemists' goods retail price inflation is on the increase



Retail chemists' sales on upward trend again



Output of perfumes, toiletries shows strong growth



Prices and costs

Retail prices (Jan 1987=100):

	Period	Latest	Previous	% change on year
All items	Oct	115.2	115.0	2.4
Chemists' goods	Oct	159.2	158.2	3.3

Producer prices (1990=100):

	Period	Latest	Previous	% change on year
Manufacturing industry, excl food	Oct	113.4	113.0	2.4
Chemical industry	Oct	114.9	114.1	2.9
Pharmaceuticals	Oct	106.8	108.0	0.7
Toilet soap	Oct	132.4	132.7	3.4
Perfumes, cosmetics, toilet preps	Oct	122.8	122.5	4.0
Hairsprays and lacquers	Oct	101.7	101.7	1.7
Toothpastes and powders	Oct	124.2	122.1	3.4
Surgical and medicated dressings	Oct	111.6	111.1	1.6
Photographic materials, chemicals	Oct	111.2	110.0	2.3

Average earnings (Jan 1990=100):

	Period	Latest	Previous	% change on year
Whole economy	Sep	123.3	124.5	3.8
Distribution and repairs	Sep	115.6	116.8	3.2

Output (1990=100)

	Period	Latest	Previous	% change on year
All chemicals	Qtr 3	114.7	113.3	6.9
Pharmaceutical products	Qtr 3	130.1	131.3	6.6
Perfumes, cosmetics, toiletries	Qtr 3	91.2	87.1	8.6

Sales

Consumer spending (current prices)

	Period	Latest	Previous	% change on year
Total, £bn	Qtr 3	107.4	106.0	5.0

Retail sales value (1990=100)

	Period	Latest	Previous	% change on year
All retail businesses	Oct	120	116	4
Chemists	Aug	119	120	2

Business indicators

Consumer credit (£million)

	Period	Latest	Previous	% change on year
Net lending	Sep	479	632	0.0
New credit	Sep	5280	5262	10.7

Unemployment (UK, per cent)

	Period	Latest	Previous	% change on year
	Oct	8.9	9.1	11.9

Sources: Central Statistical Office, Department of Employment

underlying inflation beyond the Government's prescribed ceiling of 4 per cent by the second half of next year. The inevitable result, it predicts, will be a "crisis jump in interest rates".

Meanwhile, the CBI's latest High Street survey finds that retail chemists saw sales fall in the year to October at the sharpest rate since May. The volume of orders to suppliers has fallen for the second consecutive month, suggesting stock is excessive in relation to expected demand for a large number of businesses. Looking ahead, the CBI says chemists

expect sales to have fallen further during November.

Official estimates of retail sales from the Central Statistical Office suggest that, although activity in October was higher than last year, the rate of growth has slowed. Figures on the value of sales by chemists in August indicate a 1 per cent downturn on the month, but an improvement of 2 per cent at the annual rate, a marked slowdown on the previous month's 5 per cent rate.

Retail prices of chemists' goods firmed by 3.3 per cent in the year to October, up from 2.6 per cent in September. The cost of pharmaceuticals supplied by British manufacturers to the home market fell by an estimated 0.7 per cent in the 12 months to October, as perfumes and toiletry product costs increased by 1 per cent.

On manufacturing, the latest CBI quarterly trends survey shows that confidence about the general business situation sagged in the pharmaceutical and consumer chemicals industries during the autumn, as domestic order books and output volumes showed signs of weakening. Little or no increase was expected in the price of sales on the home market, although unit output costs are expected to start rising.

Despite these setbacks, respondents to the CBI survey say that the previous quarter's cutback in both product and process innovation, and training and retraining, will be reversed in the coming 12 months.

Unichem acquisition boosts Moss to 350 outlets

Unichem has acquired Molescroft Holdings and Investment for over £16 million, boosting its Moss Chemists division to the third biggest pharmacy chain in the UK at 350 outlets.

Through the acquisition, Unichem now owns the 43-chain Selles Dispensing Chemists; Selles Medical, the first aid and occupational health supplies division; and Michael Stewart, the wholesaling operation.

The sum under consideration for the acquisition is £16m, together with a further amount in respect of net assets which, depending on completion of audit, will bring the final figure to £18.5m. Unichem has issued 663,852 ordinary shares valued at 256.2p.

Barry Andrews, managing director of Moss Chemists, says the takeover presented a "perfect strategic fit" with a good

presence in the Humberside area. "We will continue with our high professional and commercial standards and definitive styles of practice," he says.

The takeover, which has already led to the company leaping ahead of its main rival AAH to rank behind Boots and Lloyds, paves the way for further purchases in the retail pharmacy sector, according to Malcolm Bayly, acquisitions director at Moss.

"Unichem sees retail as its second core activity and will continue to acquire quality pharmacies as and when they become available," says Mr Bayly.

Selles Dispensing Chemists, whose sizes range between 300 and 2,000sq ft, are considered a good match for Moss Chemists because of their similar trading styles and format. "They are high quality shops with a good synergy

with existing Moss shops," says Mr Bayly.

Selles Dispensing Chemists will continue to trade under that name to retain its associated goodwill in the Humberside region, according to Unichem.

Unichem will be merging its existing occupational health division with Selles Medical in Hull to become the UK's second largest supplier to the industrial sector. Selles Medical currently has annual sales of £2m.

Michael Stewart, Molescroft's wholesaling business, will be absorbed into Unichem's national wholesaling operation early in the new year, but Unichem will continue the regional development of this division.

The company anticipates more job opportunities in the Selles Medical division, which will offset any losses incurred in the wholesale sector.

Glaxo sued for £80m over Myodil

Glaxo is being sued for more than £80 million by 400 former hospital patients over the use of its medical dye, Myodil.

Patients claim the company failed to issue adequate warnings about side-effects of the dye, which led to damaged nerves, acute pain and even partial paralysis. The dye was widely used in spinal X-rays between 1944 and 1987, when it was discontinued.

Glaxo denies negligence and says the risks were well documented. The group action will be heard at the High Court in April.

• A new £10m centre for vaccine research is being established jointly by Glaxo and a number of Government agencies.

The Edward Jenner Institute for Vaccine Research, which will be established for an initial period of ten years, will be based in a building alongside the Institute for Animal Health at Compton, Berkshire.

Glaxo will provide the £10m required to create and equip laboratories on the site. The annual running costs of £6m will be met jointly by Glaxo (£3m), the Medical Research Council (£1.5m), the Biotechnology and Biological Sciences Research Council (£1m) and the Department of Health (£0.5m).

British Biotech losses

British Biotech made a loss of £6.6 million in the three months ended October 31, but this was well within budget and the company maintained rapid progress in product development.

The oral anti-tumour drug BB-2516 started initial human trials, while phase III clinical trials have started for batimastat injectable in malignant ascites. Encouraging early clinical data was obtained with BB-10010,

which protects bone marrow cells during cancer chemotherapy, and the anti-inflammatory drug lexicapant started phase III clinical trials.

Turnover increased from £693,000 to £858,000, which includes income from Glaxo under a collaborative agreement to develop lexicapant for asthma.

Cash and short-term investments totalled £58.2m at the end of the quarter.

Numark signs up 425

Numark's managing director Terry Norris has confirmed that 425 pharmacies have bought shares so far in the proposed retailer-owned industrial provident society.

Mr Norris says: "We have had a very strong and positive response among independent pharmacists and interest has been increasing dramatically."

Two more shows are planned before Saturday's closing date. Numark has the option to extend the offer, but Mr Norris adds that Numark wants to encourage people to make a decision now.

Coming Events

Monday, December 12

Eastbourne Branch, RPSGB, at the Postgraduate Medical Centre of the Eastbourne District General Hospital, 8pm. 'Chemotherapy' by Dr R Grace, consultant haematologist, and Mr J Stott, hospital pharmacist, at Eastbourne District General Hospital.
Ogwr Branch, RPSGB, 'Go-Karting' at Stormy Down Karting Centre, 7pm. Contact J Wall (tel: 0656 720467) to register in advance.

Tuesday, December 13

Leicestershire Branch, RPSGB, at the Postgraduate Medical Centre, Leicester Royal Infirmary, 7.30 for 8pm. 'Christmas Quiz' with teams formed on the night.

'Open all hours' regulations jeopardise independents

Home Office regulations introduced last week, which allow shops to stay open 24 hours a day, could jeopardise independents by forcing them to stay open longer.

John D'Arcy, pharmacist administrator at the National Pharmaceutical Association, says that many pharmacies will go under if they are forced to compete with the opening hours of superstores or multiples.

But he says it is unlikely these large stores will open 24 hours a day because of the cost of overheads and staffing.

"Nobody observed the law [governing opening hours] in any degree anyway and it is not known if hours were restricted by law or demand," he says.

He adds that even if superstores were to open, the bulk of prescriptions would be cleared by 8pm. Emergency prescriptions are the only ones likely to be brought in.

Neither Tesco nor Sainsbury have any plans to extend hours in the immediate future, but say they will continue to be receptive to customer demand.

The Government introduced the new changes in a bid to widen consumer choice and give shopkeepers the flexibility to choose their own opening hours.

Previously, shops were legally required to close at 8pm with an option to open until 9pm on one day per week between Monday and Saturday.

Lloyds to 'vigorously' defend writ

The writ served by the receiver of Vital Health on two Lloyds Chemist Group companies, Farillon Ltd and Barclay Enterprise Ltd, has now been acknowledged.

Farillon and Barclay were given 14 days after the serving of the writ to either satisfy the claim or acknowledge its receipt, stating whether they intended to contest the proceedings in court. The company has already told C&D (November 26, p874) that the writ will be 'vigorously defended'.

Both companies now have 14 days to file a defence, but have asked for an extension to this period. The extension had not been confirmed by the receiver at the time of going to press.

AAH shares dip as operating profits fall by 6pc

AAH shares dropped 48p to 336p following the announcement of half-year results last week which saw operating profit down 6 per cent to £18.7 million on a turnover up 10 per cent to £797m. This was due largely to the poor performance of the environmental services division.

AAH expects full-year profits to be down. Shares stood at 339p on Wednesday as C&D closed for press.

In the wholesale and agency sector (including Glaxo) sales — up 11 per cent — were made through six fewer branches (Edinburgh, Stoke, Preston, Prenton, Footscray and one Bristol depot closed down), with smaller branches being 'twinned' (C&D June 25, p116). A new automated warehouse was commissioned at Bristol along with a specialist over the counter centre at Wolverhampton.

Redundancy and direct costs from the rationalisation programme were charged to a provision made in last year's accounts, while continuing expenditure on transferring from a mainframe- to a branch-based computer system is charged against profits. AAH says this cost, of around £750,000 in a full

year, should be saved from next autumn when the transfer is expected to be complete.

Gains on disposals of warehouses and higher pension contributions reduced profits by a further £1m, says the company.

Chief executive Bill Revell says rationalisation has been delayed because of the difficulty in finding good quality buildings in the right place and at the right price, coupled with a need to maintain the integrity of the branch staff base.

Mr Revell says he foresees a further decrease in fringe, non-medical OTCs — now at 7 per cent — with the Wolverhampton single case discount warehouse continuing to make

steady sales progress.

In Ireland, market growth stands at 7 per cent in "a very competitive environment".

The purchase of Peak Systems, supplier of computer software to the community care sector, has offset poor Meditel sales. AAH does not expect this division to make a full-year profit.

In the year to date, AAH has bought 17 pharmacies to bring its total to 306, with sales of £87m and an 18 per cent rise in operating profits (£3.9m).

Environmental services saw sales down 5.2 per cent to £341.7m following a 180-unit reduction in the vehicle fleet, linked to redundancy and other costs charged against profits.

More red tape on the cards?

The Government is to pilot a business management certificate, which could mean more red tape for small firms.

The Certificate of Financial Management is thought to encourage lenders to support small companies that can provide evidence of their financial and management abilities.

The Federation of Small

Businesses says it would welcome the move if introduced on a voluntary basis, accompanied by preferential bank rates for holders.

But the Federation is concerned that, if it became mandatory, it would prejudice non-holders in the eyes of lenders and burden businesses with more red tape.

NPA detector pens

The NPA is now able to supply felt tip counterfeit note detector pens at £4.90 each. A mark made on the note will change colour depending on whether the note is genuine or not.

Reckitt & Colman

Reckitt & Colman is seeking approval from shareholders at an extraordinary general meeting scheduled to take place on December 19 for the proposed acquisition of L&F Household, which was announced in September.

CP Pharmaceuticals

CP Pharmaceuticals has doubled its capacity for blister packaging of pharmaceutical products through the installation of a second high-speed machine.

SB collaboration

Smithkline Beecham and Vanguard Medica have entered into a development collaboration on SB's anti-migraine compound, SB 209509.

Proteus CVL study

Proteus International and the Central Veterinary Laboratory have signed an agreement to undertake a parallel study of Proteus' Bovine Spongiform Encephalopathy (BSE) anti-serum and immunohistochemical test.

One Stop to trial in-store pharmacies in six outlets

One Stop Community Stores, the extended hours convenience shopping chain, is to trial in-store pharmacies in up to six of its outlets.

One Stop has negotiated and agreed terms of contract for three in-store pharmacies so far, with the first planned for opening in an undisclosed part of Hampshire by next Easter. A further three are in the early stages of negotiation.

The company says all these pharmacies will have NHS contracts as it is purchasing existing local pharmacies and transferring them in-store.

Mike Taylor, managing director of One Stop Community Stores, believes in-store pharmacies will expand the company's

business by offering a prescription service and extending its current OTC range.

"The [pharmacy] business will increase customer visits to the store and hopefully, while there, they will take advantage of the wide range of other products and services we have available," says Mr Taylor.

The in-store pharmacies will open from 8am-10pm. Normal opening hours of One Stop are from 6am-11pm, with six operating 24 hours a day.

The pharmacies are being trialled for six months in larger branches. The company will analyse results at the end of 1995 with a view to rolling out to other sites.

Medeva acquires Inhalon

Medeva has entered into a conditional agreement to acquire Inhalon Pharmaceuticals, a North American manufacturer of inhaled anaesthetics based in Pennsylvania, for a maximum cash consideration of £34.6 million.

Medeva intends to apply for approval to market Inhalon's products in key European countries, including the UK.

Inhalon, established in 1991, has constructed a 24,000sq ft facility for the development and production of inhaled anaesthetics for human and animal use.

The company has approval from the US Food and Drug Administration to manufacture enflurane and isoflurane and expects full-scale production and marketing to start in 1995.

Triludan[®] / Triludan[®] Forte / Seldane[®] (terfenadine)

NEW DOSAGE RECOMMENDATION IN ALLERGIC RHINITIS/HAY FEVER

Marion Merrell Dow have recently conducted studies that re-examined the efficacy of terfenadine in allergic rhinitis over a range of doses. These have indicated that in adult patients with allergic rhinitis, terfenadine is generally effective at doses lower than the 120mg daily (or 60mg twice daily) which is currently recommended.

As a result, the dosage recommendation for Triludan, Triludan Forte and Seldane has been revised to recommend a lower starting dose in allergic rhinitis. The recommended starting dose for adults with allergic rhinitis is now 60mg/day as a single dose or in two divided doses. The dose may be increased up to a maximum of 120mg/day if required.

The dosing regimens for children and for all patients with allergic skin conditions remain unaltered. The importance of adhering to the recommended doses, and of paying attention to the contraindications, precautions and warnings in order to avoid the risk of adverse effects which may include cardiac arrhythmia is emphasised in the data sheet and in the leaflet for patients in the new packs.

Note: the new dosage recommendation applies to all formulations of terfenadine including all generic and branded generic preparations from other manufacturers

Classified

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Appointments, situations wanted, and businesses for sale will be incorporated as lineage advertisements under the appropriate Classified headings.

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

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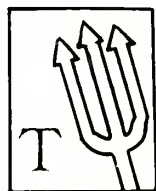
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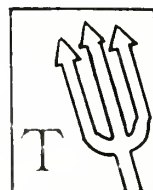
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Back row (left to right): Raji Samrai (pharmacy manager), Kath Burrows, Norma Roberts and Sharon Haile. Front row (left to right): Bree White, Sam Dawson and Jackie Dawson

Appointments

Pharmacist **Norman Sampson** has been appointed chair of Leicestershire Family Health Services Authority. Mr Sampson has been a member of the FHSA since it was set up and has had a pharmacy in the county for over 35 years.

Bill Darling, a fellow of the Royal Pharmaceutical Society and chairman of South of Tyne Health Authority has been elected onto a new NAHAT commissioner and purchaser council.

Two new directors have been appointed by Martindale Pharmaceuticals. **Edward Thom** MRPharmS is the new technical director and **Derek Bryant** is the operations director.

The new chairman of Burnley Health Care NHS Trust is **Dr James Frederick Archer**. He has been appointed on a two-year contract.

Trent Regional Health Authority has appointed **Paul Pumfrey** and **Barrie Atkinson** as new non-executive members.

Pharmacists played an active part in raising funds for this year's Children in Need Appeal.

Staff at M E J Hingley pharmacy in Birmingham dressed in West Bromwich Albion's football strip and collected £300 from raffle tickets and other donations. They decorated the pharmacy in the team's colours and had "a brilliant time", according to pharmacist Raj Samrai.

Prizes, including a camera, were donated by company representatives and local shops.

In Chelmsford, the People's Pharmacy raised £325 in a raffle, with prizes supplied by the pharmacy and company representatives. Proprietor pharmacist Anthony Chong gave away a first prize of a giant Pudsey Bear.

UCA chief

The new president of the Ulster Chemists Association is Sarah Mawhinney.

Previously, Mrs Mawhinney was vice president of the UCA. Her term as president will last one year. She takes over from Frank Murray.

Taking over her post as vice president is Peter Wright.

Joining the UCA are Gabrielle Shields, Kilrea; Patrick Lane, Newry; and Siobhan O'Reilly, Tempo.

New Society fellows

Eleven new fellows of the Royal Pharmaceutical Society have been announced.

For distinction in the profession of pharmacy the fellows are: Patricia Duncan, Dundee; Peter Fletcher, Preston; Kathleen Fullerton, Maidenhead; and Peter Noyce, Manchester.

George Downie, Aberdeen; Charles Hammond, Birkdale; and Michael Lee, Wirral, are fellows in the pharmacy practice category.

Peter Houghton, London; and Stephen Moss, Bath, are fellows in the science of pharmacy sector.

Lyaquatali Damani, Hong Kong; and Michael Beaman, Barnet, have also been made fellows.

End of an era for Wakefield chemist

H Heaton Chemist, which has served the Wakefield community for over 70 years, has finally changed hands following the retirement of Harold Heaton.

The father and son business in Kirkgate, West Yorkshire, was originally purchased by Harold Heaton Sr in 1920 from an already established pharmacist.

Harold Heaton Jr took over the running of the shop in 1961 and in 1964 added a further outlet in Westgate.

The Kirkgate pharmacy boasts some very early prescription record books dating back to 1868. One details concoctions of mercury and copper sulphate for children — now known to be highly toxic!

The Kirkgate pharmacy has been bought and renamed Kingfisher Chemist by pharmacist Abdul Khaliq, who says he intends to continue on with the excellent work undertaken by Mr Heaton.

Hills hopes to raise £10,000 for charity this Christmas

Hills Pharmacies and Sterling Health are hoping to raise £10,000 for the Carers National Association (CNA).

The pharmacies have held a competition to design Christmas cards which will be sold exclusively through Hills' outlets. The profits will all go to the CNA, a national body representing over 10,000 carers who stay at home to look after elderly or sick relatives.

Sterling Health donated the prizes, including £100 and a professionally-mounted copy of the winner's card.

The company's business account manager, Roger Beazer, says there were hundreds of entries: "A panel of judges comprising representatives of the CNA, Sterling Health, Royle Printers [who printed the cards] and Hills Pharmacies had a tough time deciding on the winning designs, which were chosen for their creativity and commercial viability."



Winners and runners-up with their creative designs

Mawdsley tackles training

Wholesaler Mawdsley-Brooks reckons to have supported over 200 assistants through the medicines counter assistants training course this year.

Next year the programme will be expanding rapidly, says retail services director John Davies, with courses running in the North West, the Midlands and Yorkshire.

So far, the wholesaler claims to

have been struggling to meet demand. "We do not subsidise the course in any way. The cost of £105 does not appear to be a sticking point," says Mr Davies. Rather Mawdsley-Brooks acts as course co-ordinator, recruiting tutors and finding venues.

Thirty-five students have recently completed an MCA part 1 course in Sheffield, and most will be going on to do part 2.

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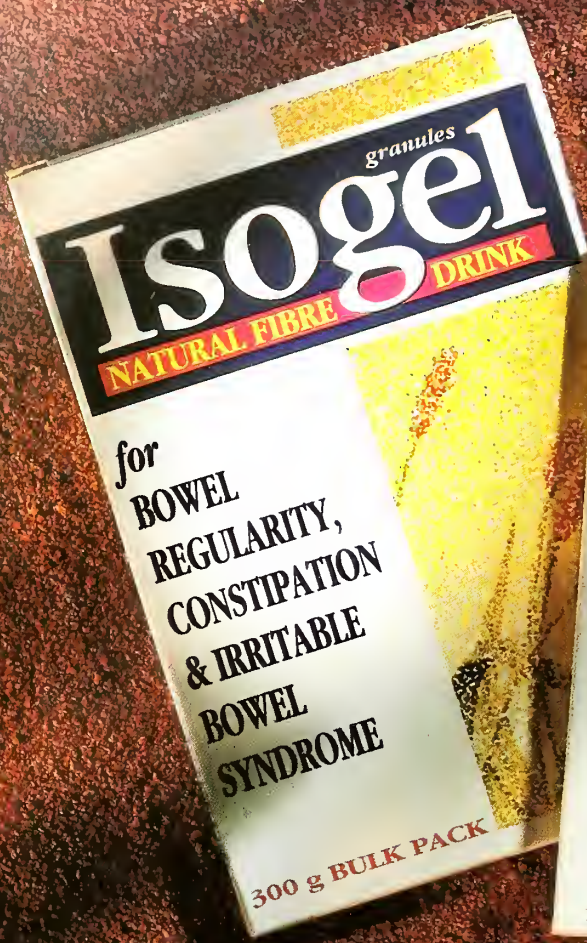
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Further information is available from Charwell Health Care, Charwell House, Wilsom Road, Alton, Hants GU34 2TJ

Have you swallowed your assistants' education pill?

July 1, 1996 is the Royal Pharmaceutical Society's education deadline for medicines counter assistants.

Will your assistants then have what it takes to serve on the medicines counter? If not, *Chemist & Druggist's* Cambridge Counterpart can help.

Please keep this Log Book if your assistants have been using Counterpart, or if you are about to 'join up' on behalf of your staff. It is an essential record of their learning achievement and of your involvement in that

process as their tutor through case study work. You will need to complete it for each staff member taking Counterpart, and copy it to *Chemist & Druggist* as the course provider, before your assistant/s can be accredited by the College of Pharmacy Practice.

Additional guidance to pharmacists in their role as course tutor to assistants, in addition to the full information given in each module's Pharmacist Briefing, can be found in *C&D*, March 16.

Please note that the College now requires all Counterpart participants to take a multiple choice question paper to chart their progress - this is the 'Progress MCQ', module 14 on the Log Book. It will be delivered with Counterpart module 11, on April 27.

See March 16 issue for full information on Counterpart or ring 01732 364122 and ask Cynthia Anderson Doble or Sue Cheesman for a course entry form/ continuing education data reprint.

What you need to know about the Society's assistant training needs...

From July 1, the Royal Pharmaceutical Society requires that assistants practising on the medicines counter will have reached its required educational standards or be taking appropriate, approved steps to achieve them.

Any assistants who have taken the following courses or who will have completed them by December 31, 1996 will have fulfilled the Society's demands:-
1. Distributive Occupational Standards Council (DOSC)-approved retail NVQ level 2

courses such as those provided by the Royal Society of the Arts and City & Guilds. New staff will be able to take these courses in the future.

2. NPA Medicine Counter Assistant Courses (units 1, 2 and top-up) and the equivalent course run by Boots the Chemists for its staff.

3. RPSGB-set Multiple Choice Question papers taken by experienced assistants between January and December 1996. Assistants have two chances to take the MCQ, which will be available on three dates and is to

be taken in the pharmacy under the supervision of a pharmacist in defined, controlled conditions. The Society defines an experienced assistant as a person who has worked on the medicines counter for at least 16 hours a week for at least three of the last five years.

4. Courses accredited by the College of Pharmacy Practice to meet conditions first defined to course providers on November 17, 1995, and submitted for accreditation after that date. *C&D's* Cambridge Counterpart is such a course.

What you need to know about Cambridge Counterpart — the cost-effective course for your assistants!

Chemist & Druggist's Cambridge Counterpart is one of the courses accredited by the College of Pharmacy Practice (see *C&D*, March 9 p296). It was launched last July as a 13-part modular course, with the last module to be delivered in June 1996 to fit in with Society deadlines.

The course directly involves the pharmacist as tutor, providing a briefing document bound into the third issue each month, one week before the pharmacy assistant training module is delivered with *Chemist & Druggist*. The module comprises a five-page, learning document for up to four assistants, as well as

individual assessment sheets on the module content and a set of case studies to be completed with the pharmacist.

Chemist & Druggist has provided a number of methods for both assessment and registration of assistant scores, in order to comply with College of Pharmacy Practice requirements (see *C&D* March 16). *C&D* had hoped that its manual assessment method would have enabled Cambridge Counterpart to be delivered entirely free to subscribers, thanks to the generous co-sponsorship of Whitehall Laboratories. However, the College will charge Chemist & Druggist £5 per assistant, for

issuing, in its capacity as a course provider, a 'CPP assistant accreditation certificate'. This charge has to be passed on, together with our own administration costs.

Pharmacists who wanted their assistants' progress to be charted independently have been using *Chemist & Druggist's* unique telephone marking system. The \$12.50 (plus VAT) registration fee gives assistants up to two test opportunities for each module with instant telephone marking and progress certificates after six and twelve months.

Full details of:-

1. How to register scores for modules taken already

2. How subscribers who have kept course modules in anticipation of Counterpart's accreditation can start their assistants off

3. How subscribers who have lost modules can complete their sets

4. How subscribers who have mislaid the free modules can enrol their assistants

5. How non-subscribers can start or be funded...

... are in *Chemist & Druggist* March 16

WHITEHALL



Pass marks are given in the header box for each module. Modules one to six list any questions which are subject to the pharmacist's judgment and where it may be difficult to answer simply 'true' or 'false'; in these, the pass mark is adjusted accordingly. From module seven on, only true or false answers are possible. Assistants are allowed two attempts to answer questions, whether marked by the pharmacist or the telephone marking system (PIN), with appropriate tutoring by the pharmacist in each case: the highest score is logged, dated and initialled in 'pass' box by the pharmacist. For details of 'Progress MCQ', see over and March 16 C&D

Pharmacy name: Address:
Telephone: Fax:
Each pharmacist involved with Counterpart must sign this document

Signature	Initials	Registration number
Signature	Initials	Registration number